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# Sheboygan County interagency sex abuse treatment program

Beth E. Lewis

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Sheboygan County Interagency  
Sex Abuse  
Treatment Program

by  
Beth E. Lewis

An Applied Management  
Decision Report  
submitted in partial fulfillment  
of the requirements for the degree of  
Master of Business Administration  
Cardinal Stritch College  
August, 1989

APPROVAL PAGE

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## CASE SUMMARY

The impetus for the development of a sex abuse treatment program came from four individuals who attended a National Academy of Corrections' seminar entitled: Systems Approach to Managing Sexual Offenders. These four people included Circuit Court Judge Daniel Anderson, Probation Agent Wolfgang Schrauth, Deputy District Attorney Robert Wells, and Unified Board Coordinator Lee Wick. Upon their return, they decided to investigate the feasibility of establishing an interagency program to decrease the incidence of sexual abuse involving children of Sheboygan County. The Sex Abuse Task Force was generated out of a need to draw together those community components most necessary to establish a viable program.

This analysis of the feasibility of the program covers the management, marketing, and funding issues. Special attention is paid to the concerns that may arise in creating an interagency program. Focus is given to the unique aspects of combining a conservative community with an innovative sex abuse treatment program. In reviewing the costs, a balance is drawn between the economic and social benefits.

Because the program is complicated, the format and procedures are reviewed in detail. Criteria for admission, assessment, and completion are carefully outlined. Staffing and management team requirements are also profiled.



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## HISTORY AND BACKGROUND INFORMATION

### General Overview - Sexual Offender Abuse Problem

Circuit Court Judge Daniel Anderson, in an analysis of the role of the trial court in managing the sex offender (1988), indicated that a national survey determined that 28% of all females and 16% of all males have been victims of sexual assault (Salter, 1988). Extrapolating this data he proposed that there were 38,000,000 victims of sexual assault in the United States.

Studies of adult victims have found that only a small percentage of sexually abused children reveal the abuse during childhood. Adult incidence studies found that less than half of the adults revealed the abuse, and that only one in five ever came to the attention of authorities (Finkelhor, 1984). Certainly this information points to a lack of consistent data. Unfortunately, it may also point to a much larger incidence of sexual abuse than has been documented to date.

The Wisconsin Office of Justice (Mueller, 1988) reported that there were 5,338 sexual assaults reported to authorities in Wisconsin in 1987. Thirty-seven percent of all sexual assaults involved rape. Ninety-two percent of the rape victims were female, and more than half of the victims were 15 years old or

younger. Furthermore, the agency indicated that more than half of the nonrape sexual assaults involved young people fifteen years old or younger, and 83% of the non-rape victims were female. Seventy-two percent of all of the sexual assaults were committed by offenders known to their victims.

Statistics compiled by the Statistical Analysis Center of the Office of Justice Assistance indicated a 185% increase in forcible rapes from 1971 to 1987 (1888). A 64% increase was documented in a ten year span, from 1977 to 1987. This data, which is summarized in Figure 1, shows a consistently upward trend.

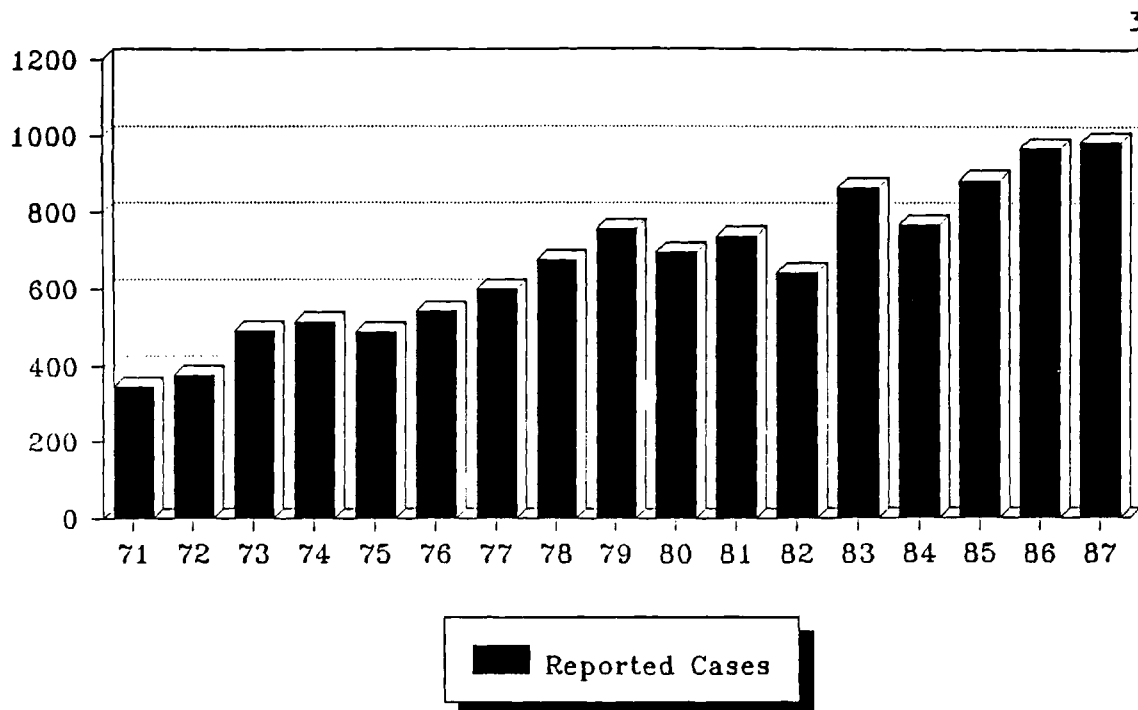


FIGURE 1  
 FORCIBLE RAPES - STATE OF WISCONSIN  
 1971 TO 1987

Information provided by Stephen E. Bablitch, Administrator of the Division of Corrections of the Wisconsin Department of Health and Social Services, indicates that there has been a 92% increase in imprisoned sex offenders from 1980 to 1988 (1989). As Table 1 indicates, this is at a faster rate than the 69% increase in the general prison population.

TABLE 1  
ADULT INSTITUTIONS POPULATIONS  
DECEMBER 31, 1980 - 1989

YEAR	POPULATION	SEX OFFENDERS
1980	36	571
1981	4075	862
1982	4533	761
1983	4631	631
1984	4771	771
1985	5221	898
1986	5537	1017
1987	5754	1070
1988	6176	1194

Although the Division of Corrections could only retrieve information since 1985 for probation and parole caseloads, the comparative increase of sex offenders on probation or parole to those in prison (30% to 33% respectively) was relatively similar for the 1985 to 1988 time span. Specific numerical data is contained in Table 2.

TABLE 2  
ADULT PROBATION AND PAROLE POPULATIONS  
DECEMBER 31, 1985-1988

YEAR		POPULATION	SEX OFFENDERS
1985	Probation	19,042	1,589
	Parole	2,709	339
	Total	21,832	1,928
1986	Probation	18,608	1,671
	Parole	2,757	808
	Total	21,365	1,974
1987	Probation	19,568	1,931
	Parole	2,783	371
	Total	22,351	2,302
1988	Probation	21,470	2,082
	Parole	2,783	371
	Total	24,469	2,493

Traditionally, the handling of sexual assault cases has involved a combination of incarceration and probation or parole for the offender. The child-victim

may be removed from the home and/or receive counseling and therapy. Rarely are the services provided to the offender and victim coordinated. The rate of recidivism for convicted untreated sex offenders reported by Dr. William Pithers of the Vermont Treatment Program for Sexual Aggressors (1983) is 60 to 80%.

The specific treatment provided for the sex offender depends on the type of problem a particular offender presents. A small percentage of offenders are mentally ill or senile and may respond to various psychiatric interventions. Another group is antisocial or criminal. These offenders have a general pattern of violence and criminality and are usually unresponsive to treatment and often must be incarcerated. Other offenders are so compulsive and unable to control their behavior in the community without molesting additional children that they must be treated in an inpatient facility. About fifteen to twenty percent of offenders are teenagers who are not only committing sexual offenses, but are struggling with the normal conflicts of adolescence and require individual and family intervention. The majority of sexual offenders can be taught to control their deviant behaviors through specialized treatment programs.



All offenders should be evaluated prior to treatment (Salter, 1988). A thorough evaluation will help to explain the meaning of the offender's behavior, determine the risk of repetition, and indicate the appropriate treatment plan. Sexual offender treatment must attempt to eliminate the deviant physiological arousal pattern, confront and correct erroneous ideas and attitudes of the offender, and develop appropriate and responsible behavior. This may be done through group and individual counseling. For the married offender, marital counseling is desirable at some time during the course of treatment. Family counseling is necessary if the offender will be returning to a home situation with the victim or other children.

Sexual offender treatment should be made a condition of probation and ordered by the court, which then monitors progress in treatment. In almost all cases such external coercion or pressure is necessary to motivate the offender to remain in treatment. Where reunification is desired by the family, the non-offending spouse needs to be involved in the offender's treatment program, as well as obtaining counselling for herself. In all cases, the victim needs treatment to resolve the trauma caused by the molestation and family disruption. Often other

children in the family also require treatment (Salter, 1988).

As William Young, Vermont Commissioner of Social and Rehabilitation Services indicated, any systematic response to sexual assault must be structured within the context of a highly cooperative effort involving organizations that usually operate independent of each other (1988). Local prosecutors; probation and parole personnel; police, child protection agencies, and mental health professionals may cooperate in specific cases, but typically do not have methods of doing so that are highly developed and systematic. However, cooperation forms the umbrella under which reporting, investigation, prosecution, juvenile proceedings and treatment are able to function effectively.

#### Sex Offender Problem in Sheboygan County

Sheboygan County statistics show a six percent increase in sexual assault crimes from 1986 to 1987. The City of Sheboygan, which accounts for over half of the county's population, showed a 92% increase from 1986 to 1987. The City of Sheboygan had already equalled its 1987 totals by September of 1988. Inspector Clarence Kolb of the Sheboygan Police Department reported that sexual assault crimes nearly doubled from 1986 to 1987 and appeared to be even higher in 1988. A total of 65 sexual assaults were

reported in 1986, 125 in 1987, and 116 through August of 1988 (Mueller, 1988).

As Table 3 indicates, Sheboygan County had 91 convicted sex offenders as of January 31, 1989. Twenty-six percent of that population were incarcerated, 65% were on probation, and 9% were on parole (Figure 2).

**TABLE 3**  
**SHEBOYGAN COUNTY COMMITMENTS IN STATE INSTITUTIONS**  
**OR ON PROBATION AND PAROLE ON JANUARY 31, 1989**

	POPULATION	SEX OFFENDERS
State Institutions	72	24 33.3%
Probation	417	59 14.1%
Parole	35	8 22.9%
TOTAL	524	91 17.4%

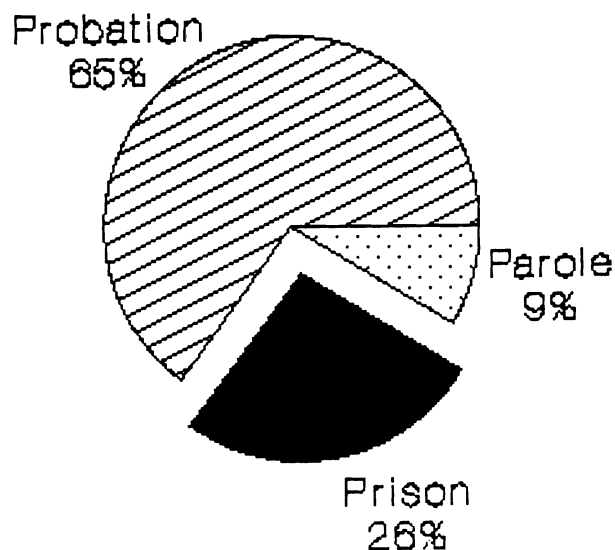


FIGURE 2

PERCENTAGE OF SEX OFFENDERS ON COMMUNITY BASED  
SUPERVISION

JANUARY 31, 1989

Within Sheboygan County, no single agency is responsible for, or capable of, responding to the multitude of needs found in a family where sexual abuse has occurred. At present, a variety of agencies respond to the members of the family, often with limited coordination. The lack of coordination has led to serious limitations in the ability to meet the family's needs and to protect the victim from re-offense.

Recognizing the consequences of an uncoordinated effort, a group of professionals from the Sheboygan County Department of Social Services, the Bureau of Community Corrections, Law Enforcement, the Mental

Health Center, the Judiciary, and the Bar Association began meeting in June of 1988. Their efforts were directed at examining current procedures and developing strategies which could establish a more coordinated and effective system.

#### Internal Analysis / Historical & Present

##### Sheboygan County Human Services Department

The Sheboygan County Human Services Department is a newly centralized agency. Effective January 1, 1989, the Department of Social Services, the Unified Board, the Office on Aging, and the Public Health Service combined under one organizational structure and within one building. Prior to that date, each department operated independently under the direction of the Sheboygan County Board of Directors. The business operations were uncoordinated and until approximately two years ago, the department did not use generally accepted accounting principles (GAAP) or a central purchasing department. The Human Services Department appears to be functioning on a maintenance basis. Changes are expected due to the re-organization and the hiring of a new director in January, 1989.

The Department of Social Services and the Unified Board have the most current involvement and potential involvement with the treatment of sex offenders and their families. As the system presently exists, the

Protective Services Unit of the Department of Social Services investigates, with law enforcement, all reports of child sexual abuse. On-going casework services are provided by the Family Services Unit of the Department of Social Services. The Unified Board exists to provide court mandated counseling (i.e., drunk driving assessments) and services to the indigent. Service delivery (counseling) to sex offenders is generally contracted out to other counseling agencies due to specialization of services.

#### Bureau of Community Corrections

The Bureau of Community Corrections is a division of the State of Wisconsin Department of Health and Social Services. The office located in Sheboygan is staffed by seven probation agents and one supervisor. The agency is responsible for pre-sentence investigations and recommendations to the court for convicted criminals. Following sentencing, the agent is responsible for supervision of the criminal's behavior in the community and his compliance with the court orders (i.e., restitution, abstinence from drugs and alcohol, counseling).

The Sheboygan Bureau of Community Corrections operates in conjunction with the courts and law enforcement agencies. Concern focuses on the large size of the client population (over 450 as of January

1989) assigned to this office. Similarly, one agent handles 56% of the sex offender population. Both factors point to potential trouble spots in terms of the quality and efficiency of service provision. Recognizing the inequities in the sex offender case assignment, the Sheboygan Supervisor and Regional Chief have supported the concept of a community based sex offender treatment program.

#### Law Enforcement

Sheboygan County is served by six primary law enforcement agencies: the Sheboygan County Sheriff's Department, the Sheboygan Police Department, the Sheboygan Falls Police Department, the Plymouth Police Department, the Elkhart Lake Police Department, and the Wisconsin State Patrol. Smaller villages have a town constable, but receive primary service from the Sheboygan County Sheriff's Department. The chief law enforcement officer for the county is the District Attorney, James Frisch, an elected official. The district attorney's office, by agreement, prosecutes all criminal and juvenile matters.

The Sheriff's Department and the Sheboygan Police Department encompass the primary jurisdictions in terms of physical area and population. Because of this, these departments are the primary investigative and referral source for sexual assaults. Each department

has a special juvenile unit and works cooperatively with the Protective Services Unit of the Sheboygan County Human Services Department. The other police departments in the county work cooperatively, but their percentage of cases is minimal. Each department prides itself in a high degree of professionalism. The focus and bias of the county is toward allocating large amounts of funding to provide for community protection and safety. Even the smaller communities have contracted for law enforcement protection.

#### Judiciary

Sheboygan County's Circuit Court is divided into four branches. Each branch handles all types of cases, and the intake duty rotates every six weeks. Each branch has its own judge. Branches I, II, and III of the court have newly elected Judges; L. Edward Stengel, Gary Langhoff, and Timothy Van Akkeren were elected in 1985, 1987, and 1989 respectively. Branch IV of the court is presided over by Daniel P. Anderson, who is serving as judge for the twelfth year.

Judge Anderson was and is one of the driving forces in seeking an alternative sentencing and treatment option for sex offenders and their families. Judge Langhoff has shown an on-going interest in the options available. Although newly elected, Judge Van



Akkeren, has indicated support of the establishment of community-based alternatives.

### External Analysis

#### Remote Environment

The remote external environment, which consists of the political, economic, social, and technological issues, appears to be progressing toward a community-based interagency response to the problems within the criminal justice system. National statistics show an estimated 550,000 men and women in the nation's prisons in 1987 (Greene, 1988). The New York Times further documents a 4% increase in the first six months of 1988 ("Inmate Numbers", 1988).

At an estimated cost of \$12,000 to \$30,000 to keep a criminal incarcerated for one year (Greene, 1988; Lacayo, 1987), prisons have become the fastest growing major use of state revenues. Combined with the cost of incarceration, it is the projection by the Edna McConnell Clark Foundation, which provides funds for criminal justice research, that the nation's total tab for prison construction will run over \$2 billion in 1989 and around \$70 billion over the next 30 years (without adjustment for inflation) (Lacayo, 1987).

Locally, the State of Wisconsin prison population has increased 69% since 1980. If the trend indicated in Figure 3 continues, the prison population could

reach the 1400 mark before the year 2000. Adding to an overcrowding problem is a slow down in the portion of adult inmates released on parole (Appendix B).

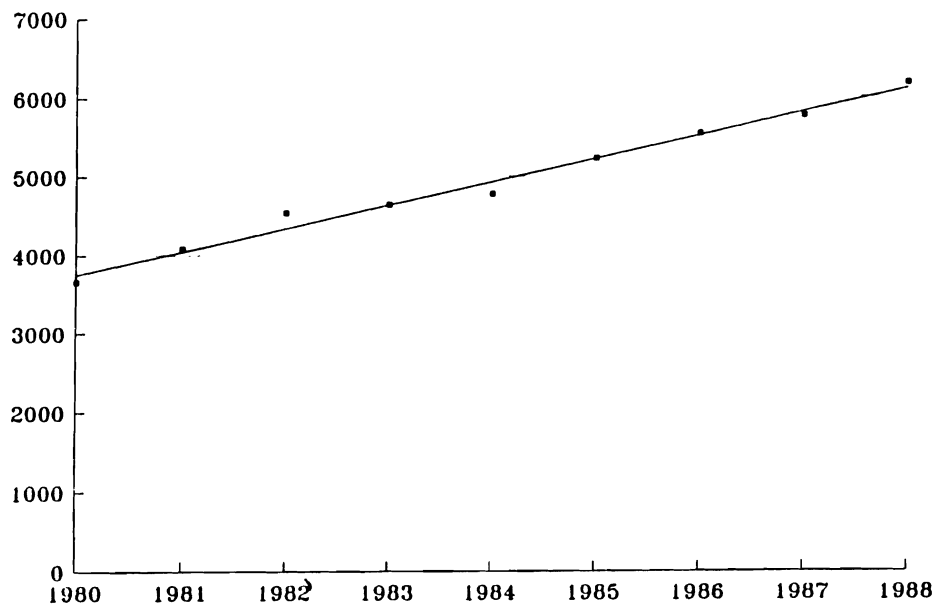


FIGURE 3  
TREND ANALYSIS OF GENERAL PRISON POPULATION  
DECEMBER 31, 1980-1988

In the same time span (1980 to 1988), the number of imprisoned sex offenders has risen by 109%. A trend analysis, shown in Figure 4, also predicts future increases of at least 12% per year.

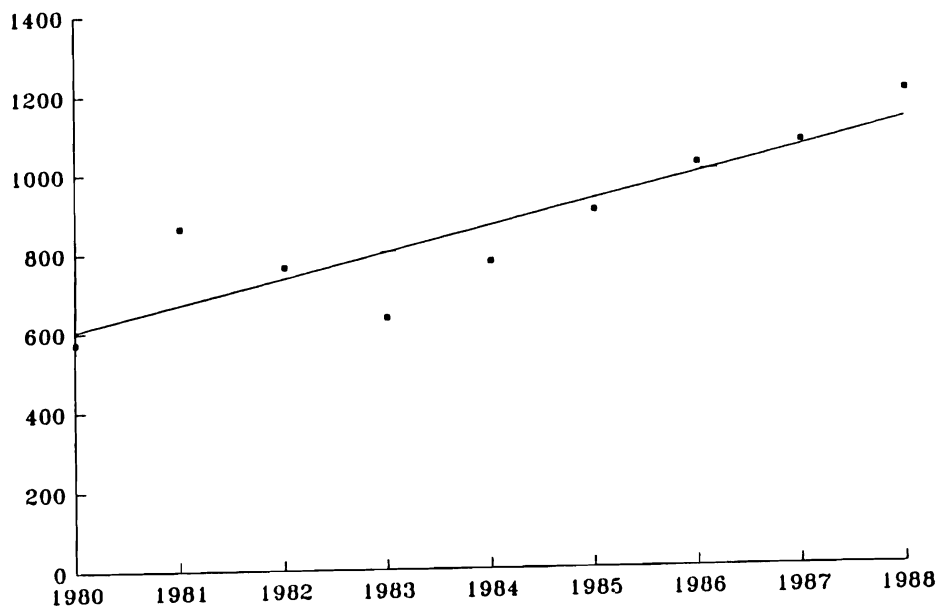


FIGURE 4

## TREND ANALYSIS OF SEX OFFENDERS IN PRISON

DECEMBER 31, 1980-1988

Climbing at a parallel rate is the per capita cost to incarcerate an inmate in an adult institution for one year. As Figure 5 indicates, the per capita cost in fiscal year 1980 was \$14,041 for one inmate for one year. In 1988, that cost had risen 43% to \$20,103. A small (3%), but steady, increase in community supervision costs were also noted.

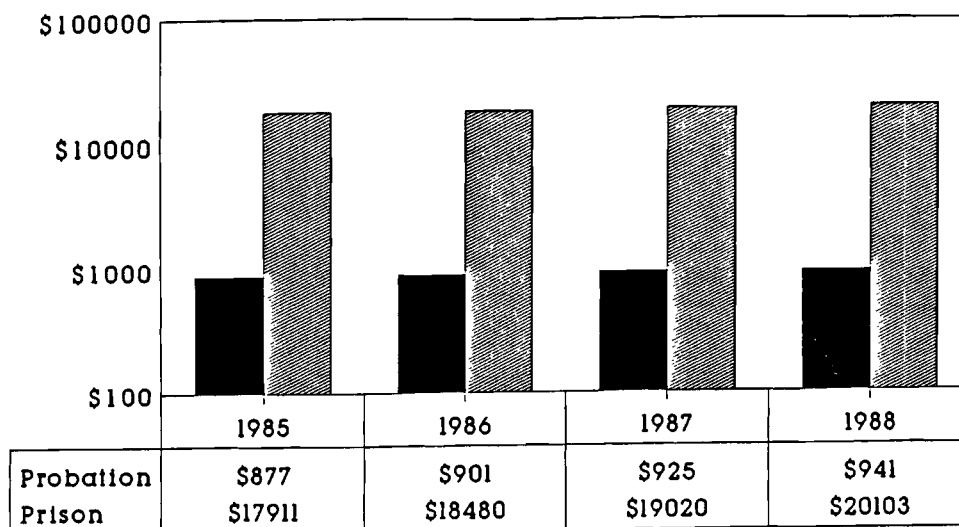


FIGURE 5

PER CAPITA COSTS FOR INCARCERATION AND COMMUNITY  
SUPERVISION

DECEMBER 31, 1980 - 1988

The trends and cost figures only encompass the incarceration of the perpetrator of the crime and do not include community costs. Inclusive in the community costs would be: investigation costs; salaries for law enforcement, the prosecutor, the public defender, judicial and social service personnel; victim treatment; and welfare assistance for the offender's family. Appendix W outlines the estimated costs of sexual offenses in Wisconsin.

Also not included in the incarceration figures are costs related to recidivism. William Pithers of the Vermont Treatment Program for Sexual Aggressors proposes a recidivism rate of 60 to 80% for untreated sex offenders (1983). If this rate is accurate, a long

term projected cost must also be factored in to any cost trends.

Cooperative interagency programs are seemingly being welcomed by the entire remote environment. Benefits fo interagency programs include money and labor savings in non-duplication of services. Also supporting cooperation is the realization by social and political groups that territoriality might be easily sacrificed in order to provide more effective services to the client population.

The rationale for interagency intervention is based on the assumption that several agencies working together can meet the needs of clients more effectively and efficiently than agencies working independently. By combining resources and expertise, the attainment of common goals will be more feasible. Duplication of services and destructive competition for resources can be minimized so that a comprehensive, cost-effective continuum of services is available. While this rationale is widely accepted, instances of successful interagency collaboration are few, and interagency service delivery systems are rare (Hodge, 1981).

A coordinated response does not come easily, but has been successful in other projects in Sheboygan County. The STRIVE Program, which combines services from the Sheboygan County Department of Social Services

and the Sheboygan Area School District, has been cited by Herbert Grover, Superintendent of the Wisconsin Department of Public Instruction, as a model program in dealing with the child at risk (definition, Appendix A) population. The county schools also boast a similar program, called CARE, which spun off from the STRIVE Program in 1984. In addition, the city and county law enforcement agencies have worked cooperatively on both SWAT and drug enforcement teams.

The technological environment has limited impact at this point except in terms of the penile plethysmograph, an instrument developed to behaviorally assess sexual arousal in men. The plethysmograph is, also, currently the most valid and reliable method for determining sexual preference.

Research has repeatedly shown the plethysmograph to be useful. It has been shown to differentiate rapists from non-rapists (Abel, Blanchard, & Becker, 1978; Barbaree, Marshall, & Lanthier, 1979), to determine an individual's interest in sexual sadism (Abel, Blanchard, Barlow, and Mavissakalian, 1975; Abel, Barlow, Blanchard, & Guild, 1977), to identify child molesters with an inclination towards child rape (Abel et al., 1981), to separate recidivists from nonrecidivists (Quinsey, Chaplin, and Carrigan, 1980) and to measure response to treatment

(Quinsey, Bergersen, and Steinman, 1976; Quinsey et al., 1980. It remains the most practical and objective method for determining sexual preference in an individual whose self-disclosure may be suspect.

The limitations in the ability of the plethysmograph to detect sexual deviancy occur in the determination of whether or not the individual has or will act on his sexual preference. According to Finkelhor, it is possible that individuals exist who have abnormal sexual preferences and have sufficient internal controls to refrain from indulging in their preference (1984).

In addition, some question has been raised (Abel et al., 1981; Murphey, Haynes, Stalgaitis, and Flanagan, 1986; Quinsey, Chaplin, and Carrigan, 1979) concerning whether or not all sex offenders have deviant arousal patterns. To date, insufficient data has been collected to conclusively determine if an offender may have committed a sexual crime in the absence of a consistent sexual preference for children.

Currently, the cost of purchasing a plethysmograph is approximately \$5,000. Assessments individually contracted through a private agency in Madison, Wisconsin, are approximately \$400 each. These assessments include the behavioral assessment and a psychosexual evaluation.

### Operating Environment

Sheboygan County is a semi-rural, 515 square mile area located approximately 50 miles north of Milwaukee along the shore of Lake Michigan. Sheboygan County has a population of 103,000 people, 99% of which are white. The primary populous center of the county is the city of Sheboygan, which accounts for half of the population.

Although a lot of dairy farming occurs in the area, the primary focus in the county is industrial. Despite the economic peaks and valleys, Sheboygan County continues to prosper as a manufacturing center. Because Sheboygan County is located between Chicago and Green Bay, it is likely to benefit from the further urbanization of the lakeshore area. County-wide planning and changes in the scope and administration of county government have been initiated in anticipation of metropolitan development.

The competition for treatment of the sex offender exists primarily between government institutions and agencies mandated to provide service: the prison system and the Bureau of Community Corrections. As indicated in Figure 2, page 9, 26% of convicted sex offenders from Sheboygan County are currently incarcerated in Wisconsin prisons. The remaining 74% are on probation or parole within the county.



At this time, limited treatment is provided by three of the seventeen counseling agencies within Sheboygan County. One of the agencies, Lakeside Clinic, received a grant in 1987 to provide treatment for sex offenders. Two agencies within Sheboygan County have expressed on-going interest in being selected to be the primary treatment providers if a treatment program is established.

While in direct competition with each other, these service vendors also occupy a supplier role within the operating environment. Selection of qualified treatment providers will require careful screening due to concern over quality issues. The National Institute of Corrections will provide training at no cost prior to commencement of a coordinated treatment program.

A second supplier role exists in terms of monetary supplies; both private and public sources have money available. Within Sheboygan County, 25 foundations exist which have historically provided funding for programs other than scholarship programs. The combined assets of the Sheboygan County foundations equal over \$34 million. The average range of grants were between \$400 and \$80,000 (Appendix C). The competition for the available money appears to be almost infinite.

Other funding sources include governmental budget additions. Area legislators have exhibited an interest in involving themselves in an interagency pilot program. Inclusive in this interest has been eagerness to learn about program components and options, as well as a willingness to seek funding through budget riders. A less likely government resource is an adoption of the program by the Sheboygan County Board.

The consumer environment consists of two distinctly different populations: the first populations includes judges and probation and parole agents, who are seeking an alternative to imprisonment that will provide effective treatment and services to the offender and his family. The second population is the offender and his family, who are court ordered by the first population to complete treatment.

The second customer population presents a unique situation in that although they may have admitted to the offense, they are generally non-voluntary consumers at the onset. Estimates by the Bureau of Community Corrections indicate a projected population of 20 to 60 offenders during the first year. Actual numbers provided by the Division of Corrections show 67 convicted sex offenders on community based status as of January, 1989. Not all of the offenders within the community are treatment appropriate, but an estimated

60% of the 72 incarcerated sex offenders might be community appropriate with an intensive treatment program (Schrauth, 1989).

## ANALYSIS OF ALTERNATIVE ONE

Any systematic response to child sexual abuse must be structured within the context of a highly cooperative effort involving organizations that are usually independent of each other. Cooperation forms the umbrella under which reporting, investigation, prosecution, juvenile proceedings and treatment are able to function effectively. As William Young, Vermont Commissioner of Social and Rehabilitation Services has indicated:

While assisting offenders to lead law-abiding, healthier lives is a worthy goal in itself, the most compelling reasons for committing resources to offender treatment are that: (a) they represent a high risk group, most of whom will be released to the community at some point; (b) appropriate treatment significantly reduces the likelihood of recidivism, with some offenders responding to treatment without costly incarceration; and (c) the dynamics of many incest cases demand an approach that includes the perpetrator in order to most effectively help his victim (1988, p. 68).

### Management Analysis

#### Mission

The mission of the Sheboygan County Interagency Sex Abuse Treatment Program is four-fold:

1. To lessen social/psychological adjustment problems of victims, offenders and other family members.

2. To create a secure, coordinated, community-based system of services for families of sexual abuse.
3. To reunite the family unit when feasible.
4. To continually evaluate the effectiveness of the program.

### Objectives

The Sheboygan County Interagency Sex Abuse Treatment Program has divided the long-term objectives into service and management objectives. The service objectives are:

1. To provide program options which enable the victim to remain in the home.
2. To provide early intervention services to the victims of sexual abuse, thereby reducing the risk of future criminal behavior.
3. To facilitate treatment services for each member of the family unit.
4. To facilitate treatment to the offender, thereby reducing the risk of re-offense.
5. To provide intensive offender supervision while in the community to lessen the risk of re-offense.

The program management objectives are:

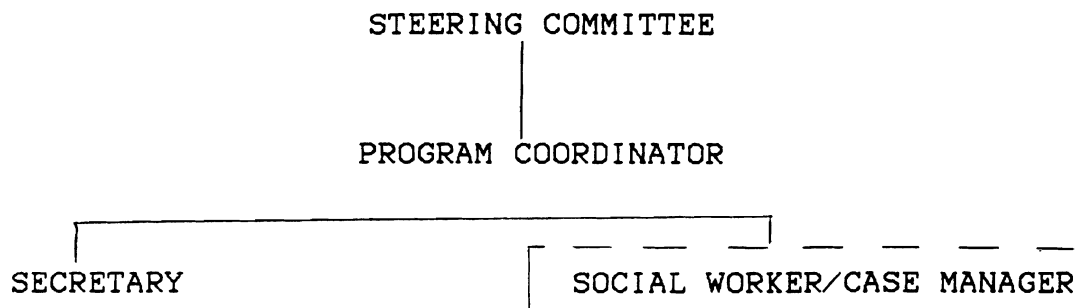
1. To provide community-based sentencing alternatives for the offender.

2. To provide technical and educational assistance on sexual abuse to human service agencies.

3. To provide an ongoing resource for the planning management of sexual abuse services in Sheboygan County.

### Program Structure

A classic table of organization for the Sheboygan County Interagency Sex Abuse Treatment Program shows only a program coordinator and a secretary for the first year with a social worker/case manager slated in the second year (Figure 6). As indicated in the job descriptions (Appendix D), a specialized combination of skills are required for each position in order to meet the program needs.



- - - - - Added in second year

FIGURE 6

TABLE OF ORGANIZATION

SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT  
PROGRAM

A diagram of the cooperative agencies more clearly depicts the program structure and reporting relationships (Appendix E). This complicated view of the program emphasizes the benefit of combining efforts and joint staffings. Focusing solely on the number of professionals involved in providing services to Family X (Figure 7), it becomes apparent that a family receiving services under a traditional service framework would require numerous repeated contacts and staffing time if a centrally coordinated system did not exist.

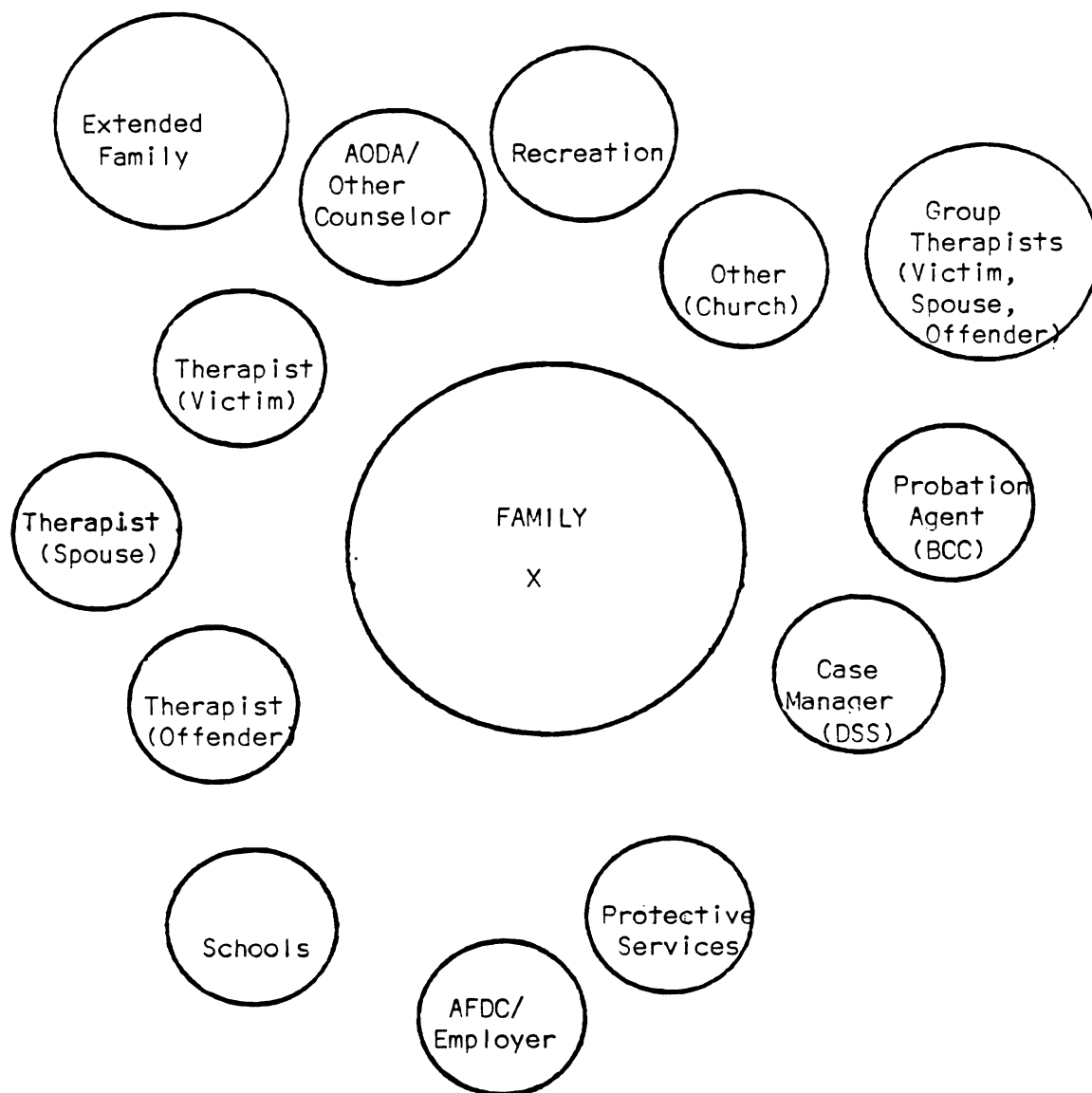


FIGURE 7  
TRADITIONAL SERVICE FRAMEWORK



For a probation agent to contact each person involved (assuming all phone calls are answered) would take a minimum of ten phone calls. If each phone call lasted only 15 minutes, a minimum of two and a half hours time would be required to make such contacts. Further complicating this picture is the fact that due to the typical offender's operating style, he tends not to give the same information to any one source, necessitating frequent and extensive verification of all information.

#### Management/Personnel

The Sheboygan County Interagency Sex Abuse Treatment Program is designed to optimally utilize the program components available within Sheboygan County. Emphasis is placed on interagency cooperation and coordination of services. A cooperative effort makes for more efficient use of scarce resources, renders the individual task of each agency easier, and often enhances the public reputation.

These professionals represent natural resources within the community. They are confronted daily with the difficulties of providing services to the sexually abused child and his family. The products they come together to produce are viewed as new tools or procedures to enhance services. The ownership of the product is shared by the multi-agency professionals who

developed the product. In essence, the community has sought solutions and improvements to trouble areas with practical methods and useful products.

Each agency signs a protocol formalizing the manner in which all of the agencies will work. This written agreement delineates each agency's responsibilities and operating procedures, both internal and external, for responding to child sexual abuse cases. The agreement is formally signed each year to solidify the working relationship. Inclusive in the protocol are the following points:

1. Provision for joint investigation of all child sexual abuse reports by protective services and law enforcement.
2. Recognition of the impact and strength of the court by emphasizing fast-tracking of cases and special conditions of bail release and probation.
3. Provision for immediate treatment referral for the offender, victim, and non-offending spouse.
4. Support of the philosophy that the offender, not the child, should leave the home.
5. Emphasis on, and provision for, sharing of information among program participants.
6. Acknowledgement of a common philosophy of treatment (Appendix L).

7. Acceptance of the theoretical framework of the program (Appendix M).

Steering Committee

The program Steering Committee is composed of the following members:

1. Department of Social Services Child Protective Services Supervisor.
2. Bureau of Community Corrections Casework Supervisor(s).
3. Unified Board Coordinator of Mental Health Services.
4. Parents United Representative(s).
5. District Attorney.
6. Program Coordinator.
7. Law Enforcement Representative.
8. Defense Attorney Representative.
9. Judicial Representative.

The function of the Steering Committee is to oversee the program and guide its future direction. The Committee will review, revise, and develop policy as needed. This may include revising program and treatment objectives, recommending probation conditions, and meeting with Circuit Judges on a least an annual basis to evaluate the program and current philosophy. Written information is directed to the courts and District Attorney as issues arise. Meetings

and workshops addressing particular areas are conducted by Committee members. The Committee will act as a court of last resort for those having grievances with the program. The Committee will also review policy and procedure issues when/if a client re-offends or death by suicide or homicide occurs.

Interagency Management Team

The Interagency Management Team is composed of the following agency personnel:

1. Bureau of Community Corrections Casework Supervisor.
2. Unified Board Coordinator of Mental Health Services.
3. Department of Social Services Child Protective Services Supervisor.
4. Parents United Staff Representative.
5. Bureau of Community Corrections Probation/Parole Agent assigned to the case.
6. Department of Social Services caseworker assigned to the case.
7. Therapist(s) working with the client(s).
8. The offender (and his spouse/girlfriend as appropriate).
9. Program Coordinator.

This team meets monthly (or as needed) for three to four hours to staff cases. The staffings are

conducted at the Bureau of Community Corrections Office to reinforce coordination of probationary guidelines and an overall philosophy of facilitating rehabilitation wherever possible.

One of the primary functions of the Interagency Management Team is to act as a treatment referral resource body to the case managers (caseworker and/or probation agent). The Bureau of Community Corrections Supervisor and the Unified Board representative are both members of a Joint Mental Health Department and Community Corrections Department Screening Committee, which selects mental health contractors pursuant to established criteria (Appendixes F and G). These team members maintain ongoing contact with providers to assess expertise and availability.

A second function of the Interagency Management Team is to provide for the consistency in the handling of sexual abuse cases in order to insure: (a) the protection of the victim(s); (b) the protection of the community; and (c) that appropriate/adequate treatment is being offered and provided to the offender, the victim(s), the non-offending spouse, and other family members. The team acts as a consultation and advisory body to the case managers who have the legal responsibility for dealing with the offenders and their families.

The team concept was formed to establish a process for review of sex abuse cases and to provide ongoing consultation to case managers to insure that treatment mandates have been met prior to the expiration of probation. Through the regular sharing of case information and planning, the assessment of treatment progress and the overall case supervision is greatly facilitated.

#### Private Mental Health Providers

The function of the private mental health provider is to provide treatment appropriate to the client's individual needs. The provider establishes treatment goals which are in agreement with the overall case management goals. The provider consults with the case manager prior to making any changes in the treatment plan and meets with the Interagency Management Team as appropriate.

A list of private mental health providers qualified to treat sex offenders, victims, and their families will be maintained by the program. In addition to the the requirements outlined in Appendixes F and G, the providers will have met the following criteria:

1. Experience and specialized training in dealing with sex offenders.
2. Willingness to work with the program.

3. Ability to provide written treatment plan and monthly written progress reports.

4. Evidence of adherence to professional standards and codes of ethics.

5. Interview and approval by a screening committee.

### Parents United

The purpose of Parents United is to provide assistance to families involved in child sexual abuse by enabling them to get help for their particular situation during the initial crisis period; by showing them that they are not alone and that the problems can be resolved; and by encouraging them to seek appropriate guidance and counseling. As a guided, self-help organization, Parents United provides a forum in which members can discuss problems of mutual concern and learn from each other's experience. With the exception of attendance and any information regarding possible reoffense or probation violations, the content of discussions at Parents United is held confidential. Parents United membership consists of incest offenders, their partners, and adults who were victims of incest as children. All group discussions are facilitated by human service professionals.

### Department of Social Services Sex Abuse Treatment Groups

These groups function as therapeutic settings for treating the trauma of sexual abuse. Members are encouraged to provide support and assistance to each other with the guidance of two (or more) professionals from the Department of Social Services and other community agencies. Groups are available for mothers whose children were abused by trusted adults; and female incest victims, ages 7 through 18, who have been referred by their Department of Social Services caseworker or whose parent has directly requested treatment for their child. (Appendices H and I). Treatment for younger children and for male victims is available through private mental health providers.

### Child Protective Services

This unit within the Department of Social Services is composed of social workers assigned to intervene in families where the children's immediate welfare is in jeopardy. Under Wisconsin Statutes (Plant and Vazquez, 1988), the social worker is legally responsible to provide the following services to children who have suffered intra-familial sexual abuse:

1. Conduct initial investigation of abuse referral with law enforcement.



2. Determine, with law enforcement, a plan for adequate protection of the child.
3. Evaluate and develop immediate short and long term service plans for various family members.
4. Maintain regular contact to provide counseling to promote communication and to monitor progress towards service plan goals.
5. Make referrals to community resources to augment the service plan and establish a clear method of feedback from those resources.
6. Consult with the Interagency Management Team regarding relevant and shared case planning decisions.
7. Consult with representatives from other public agencies and private professionals to monitor the families' situation.

#### Bureau of Community Corrections

The pre-sentence investigator is legally responsible for making sentencing recommendations to the adult court and evaluating offenders for appropriateness for a community-based treatment and rehabilitation program. Supervising probation agents (generally the pre-sentence investigator) are responsible for monitoring the offender's compliance with court ordered conditions (Appendixes J and K). They are also responsible for developing and implementing offender case management plans which serve

to protect the victim and facilitate offender rehabilitation. They participate in regular case staffings with the Interagency Management Team and schedule special staffings before implementing any major changes in the case management plan. The pre-sentence investigator staffs each case with the Department of Social Services caseworker prior to the completion of the investigation.

#### Sheboygan County Unified Board

In addition to previously mentioned responsibilities, the Sheboygan County Unified Board will provide psychological evaluations and consultation.

#### Extra Program Resources

Clients may be referred to other appropriate resources available in the community. Examples might be classes in parent education, sexuality, assertiveness, anger management, and substance abuse treatment programs. The functions of these resources would be as adjunct to any mandated mental health programs, not a replacement for those programs.

#### Program Procedures

Evolving out of the interagency cooperation is a specialized set of program procedures which are generated directly from the mission statement and objectives. The admission criteria delineates specific

requirements to ascertain appropriate referral. A client who does not meet the criteria (i.e., non-admission of guilt, severe violence) will not be admitted to the program. By adherence to these criteria, the program reduces inappropriate referrals and provides guidelines to the court and the Bureau of Community Corrections personnel.

Criteria for Admission Into the Sheboygan County  
Interagency Sex Abuse Treatment Program

Offenders may be admitted before or after sentencing. Criteria for admission include:

1. The offender must ultimately be legally prosecuted and receive community-based sentencing in Sheboygan County. Deferred prosecution agreements are not acceptable.
2. The offender must admit responsibility for the offense; this includes a guilty plea. No contest or Alford pleas are not acceptable.
3. The offense is an abuse against a child relative or family member; or a child of close familial-type relationship (e.g., girlfriend's child and offender and girlfriend are considering maintaining their relationship and/or offender has functioned in a parental role with the child); or offender has children of his own who may be at further risk, but original

offense was to a child in caretaker role; student, church youth group.

4. The offender is not psychotic.

5. The offender is not adjudged severely violent.

6. The offender must agree to cooperate with the entire program including the required assessment, waiver of confidentiality (Appendix N), and treatment contract (Appendix O).

7. The Interagency Management Team must screen and accept the case for ongoing monitoring.

8. If necessary, completion of alcohol, drug, or other substance abuse treatment must be completed before admission to the program.

### Staffings

The Interagency Management Team initially meets with the program coordinator soon after discovery of the sexual abuse. The primary purpose of this clinical consultation is to review case material and consider treatment referrals for the offender and various family members. The program coordinator is the sole case manager at this point and initiates the referrals as appropriate.

The second staffing for a given case is held after conviction and prior to sentencing, incorporating relevant information from the program coordinator, the pre-sentence investigator (probation agent), any

therapist(s) involved, and any other psychological material obtained. This discussion may be conducted by telephone between the pre-sentence investigator and the program coordinator.

The third staffing occurs after the client is placed on probation and has been assigned to a probation officer. It is at this point that the client and the ongoing therapist become involved in the staffings. A written service contract is developed to outline treatment goals for the next three months (Appendix P). If there has been no treatment to date, treatment referrals are formalized and a review staffing is held once treatment has begun. At the third and subsequent staffings, a formalized staffing format (Appendix Q) is initiated and used in order to streamline the procedure.

Once the offender is placed on probation, the program coordinator continues to monitor the program, but the Bureau of Community Corrections probation agent has ultimate legal responsibility for the offender. The probation agent is, therefore, involved in the monitoring, but the program coordinator is responsible for initiating the scheduling of staffings. A secretarial tickler system is instituted to routinize the regular staffings. All parties involved in the staffings are notified by the program coordinator.

Subsequent staffings are arranged every three months to review progress and treatment and address such issues as clarification, visitation, reunification of the family, and other relevant case happenings. The probation officer may also arrange a special staffing to review any violations of probation or failure to comply with previous service contracts. Once the offender's treatment has been completed or after the family has been reunited and treatment progress stabilizes, staffings may decrease to once every six months, or as deemed necessary. Ultimately, termination from the Interagency Management Team occurs to conclude formal treatment planning.

#### Program Phases

In order to outline the program, the process has been formalized in terms of phases. Five phases represent expectations and create a guide for successful progression through the treatment program. The phases are especially applicable to offenders wishing to reunite in a family with children. In addition, clearly defined requirements and criteria provide a common language and communication base for defining program status. This common language is especially important in an interagency program whose representatives each operate from a different frame of reference. The phase language is used as a

professional guide and not specifically shared with the offender. Instead, the requirements for completion are shared through the staffing service contract and a listing of criteria for program completion (Appendixes P and R).

Phase I - Assessment Phase. The minimum treatment that is initiated at this phase includes:

1. Psychological evaluation.
2. Arousal assessment including a plethysmograph.
3. Therapy referral for offender (and spouse as appropriate) to a contracted mental health provider.
4. Parents United attendance by offender (and spouse as appropriate).
5. Referral by Child Protective Services for private and group therapy for victimized children and non-offending spouse.
6. Alcohol and drug abuse evaluation and treatment as recommended.

Evaluation sources typically include an interview with the offender, an interview with family members, review of police reports and witness statements, psychological testing, psychosexual assessment (Appendix S) and plethysmograph assessment.

The assessment should include the following areas:

1. Description of the offense, including significant factors in the offense.

2. Mental status exam.
3. Complete sexual history of normal and deviant behavior, including presence of deviant fantasy/arousal structure, onset, unreported offenses, and arousal assessment (plethysmograph).
4. Developmental/social history, including previous sexual/physical abuse, family violence, and relationships.
5. Addictive behavior.
6. Overall social functioning, employment, family relationships, and support systems.
7. Attitude towards offense/victim, remorse, empathy, and denial.
8. Defense system.
9. Motivation for treatment, disclosure, and compliance.
10. Recommendation of amenability to treatment, based on factors such as violence, coercion, offense history, motivation.
11. Assessment/recommendations regarding risk to the community.

Phase II - Clarification Readiness. The treatment goals for the offender during this phase include:

1. Maintains consistent participation and continued growth in treatment.



2. Makes full disclosure and takes responsibility for the sexual abuse.
3. Demonstrates meaningful remorse.
4. Understands clearly the needs and feelings of the victim, spouse, and other family members.
5. Refrains from controlling family members, directly or indirectly.
6. Abstains from rationalization, denial and blaming to defend abusive behaviors.
7. Enters and completes recommended substance abuse treatments (may include spouse).
8. Exhibits reduced deviant arousal patterns to within appropriate limits.

These goals continue throughout the entire treatment program. The goal for the non-offending spouse is that he/she is believing of the victim. The goal for the victim is to be prepared and willing to see the offender and to maintain consistent participation in treatment, achieving resolution of the sexual abuse trauma.

The treatment modalities generally recommended at this stage include group treatment for the offender, spouse, and victim(s); individual treatment for the victim(s); individual treatment and behavior modification for the offender; marital counselling (if appropriate); and Parents United involvement. Each of

the treatment modalities are more clearly explained in Appendix T.

Phase III - Visitation Phase. This phase is determined by the readiness of the family. In order for the visitation phase to begin, the victim must have reached sufficient resolution of the sexual abuse trauma so that supervised contact with the offender is advised by the therapist(s) and requested by the victim. The non-offending spouse will have attained the following treatment goals:

1. Developed sufficient self-esteem and autonomy to have identifiable negotiating power within the marital and family relationship.
2. Understands and can make plans for potential risk situations.
3. Understands the offender's cycle of deviant behavior and thoughts.

The treatment goals for the offender include:

1. Indicates a clear knowledge and awareness of his/her cycle of behavior and deviant thought processes and has demonstrated reduction of deviant arousal to within normal boundaries (this may be assessed by use of the plethysmograph or other therapeutic measures).
2. Understands and demonstrates avoidance of risk situations.

3. Successfully maintains an independent living situation and has developed self care skills.

4. Demonstrates consistent financial responsibility to his family, therapists, and to the court.

5. Uses friends, associates, and community activities in an appropriate manner to meet personal needs.

For a non-reuniting offender this phase and goals may continue until completion of the formal treatment.

At this time, the other family members must understand the nature of the situation and have developed plans to handle risk situations. They must not be blaming the victim and must request visitation. If the non-offending spouse is incapable of supervising visits, the Interagency Management Team or the program coordinator may approve a visit supervisor. The supervisor must have knowledge of the offender's history, probation rules and the offender's cycle of deviant behavior and thoughts. It is helpful if the supervisor has a positive relationship with the victim.

Once clarification has been successfully completed as adjudged by all participants, including therapists, visitation may be approved by the program coordinator. Beginning visitation usually involves specific dinner/evening hours for family time. A next step may

be all day visits on a Saturday or Sunday. Visitation hours are specified, and all contacts with the offender are supervised by an approved person. This contact is approved in writing in advance by the probation agent and/or program coordinator and specified in the Interagency Management Team service contract. This stage may continue for several months and is reviewed quarterly, with visitations lengthened/expanded as appropriate therapeutic progress is achieved by family members.

Phase IV - Overnight Visitation (For Families Reuniting). At this phase, all treatment and treatment goals should be continuing as previously outlined. If previous phases have been successful, the probation officer shall seek permission from the court for overnight visitation. This is necessary because overnight visitation may be seen as residing with minors and generally requires a change in the standard probation conditions (Appendixes J and K). The probation officer may also request a polygraph to verify probation adherence thus far and a plethysmograph to assess maintenance of appropriate arousal patterns.

Phase V - Family Reunification. For this phase to begin, the offender must have successfully completed all treatment specifically with regard to offense

behavior; this may include a plethysmograph assessment indicating no deviant arousal. Ongoing treatment to address marital and other personality issues may still be in process. The offender is generally involved with various family members in family therapy.

Addendums to Program Phases. When a client graduates from the program, remains on probation, and relevant problems re-emerge, program memberships may be reinstituted by the probation agent and program coordinator. Should an offender's abuse related problems re-emerge, or critical or new information becomes evident at a later date, phase demotion to a more relevant level can be accomplished through a consensus of the Interagency Management Team. Staffings may be deferred to consultation with the probation agent only or extended to six month intervals if the client refuses to cooperate fully with the program or does not complete requirements for a particular phase.

An offender's participation in the treatment program can be terminated through a determination by the Interagency Management Team. Grounds for an unsuccessful termination include failure to remedy problems that lead to suspension or for actions that seriously jeopardize the welfare of others.

## Marketing Analysis

### Product Strategy

In developing an interagency sexual abuse treatment program, a need was identified: the treatment of victims and perpetrators of sexual abuse. Statistics verify an existing demand for some type of strategy to combat the increasing numbers of sexual assaults. Current systems (prison, psychotherapy, probation) have not proven effective in reducing recidivism or deterring sexual abuse. Although the program is innovative and relatively untested, initial findings from the existing programs point to a high success rate in those offenders who complete the program: Atascadero, California, State Hospital (18% recidivism rate; Queen's University Sex Offender Clinic (13.2% recidivism rate); Vermont Program for the Incarcerated Offender (3% recidivism rate) (Freeman-Longo et al, 1986; Pithers et al, 1983).

The program offers some features that increase the attractiveness to the multi-level consumer market. The first feature is the community based option; since 65% of the sex offender population already reside in the community (Figure 2), the treatment program allows for intensified services on an existing level. A second feature is the use, enhancement, and promotion of professional resources within the community. A third

feature is the systematic process with which services are focused on the entire family, promoting reunification whenever possible. A fourth feature is the emphasis on relapse prevention in order to decrease recidivism.

While being a market leader, the program combines resources and expertise in order to reduce duplication of services and destructive competition. The intangible benefits of increased service, more intensive supervision, and improved communication between agencies serve to promote the Sheboygan County Interagency Sex Abuse Treatment Program as a viable concept and product.

#### Promotion Strategy

As Rosenberg, Reppucci and Linney (1983) indicated in their examination of the implementation of human service programs, "In order to establish a niche in the existing social service network, a program, like any other commodity, needs to be sold." While the concept is not new to a businessman, it may be to a human service provider.

The Sheboygan County Interagency Sex Abuse Treatment Program required marketing on a variety of different levels each with diverse focuses. Initially, the promoters attempted to take a global approach to generate interest and support. Re-evaluation resulted

in the establishment of a task force that consisted of representatives from agencies primarily involved with the sexual abuse problem. Promotion of the program initially required education about the problem and the treatment options, starting with the task force and working in concentric circles out to the general public, as indicated in Figure 8.

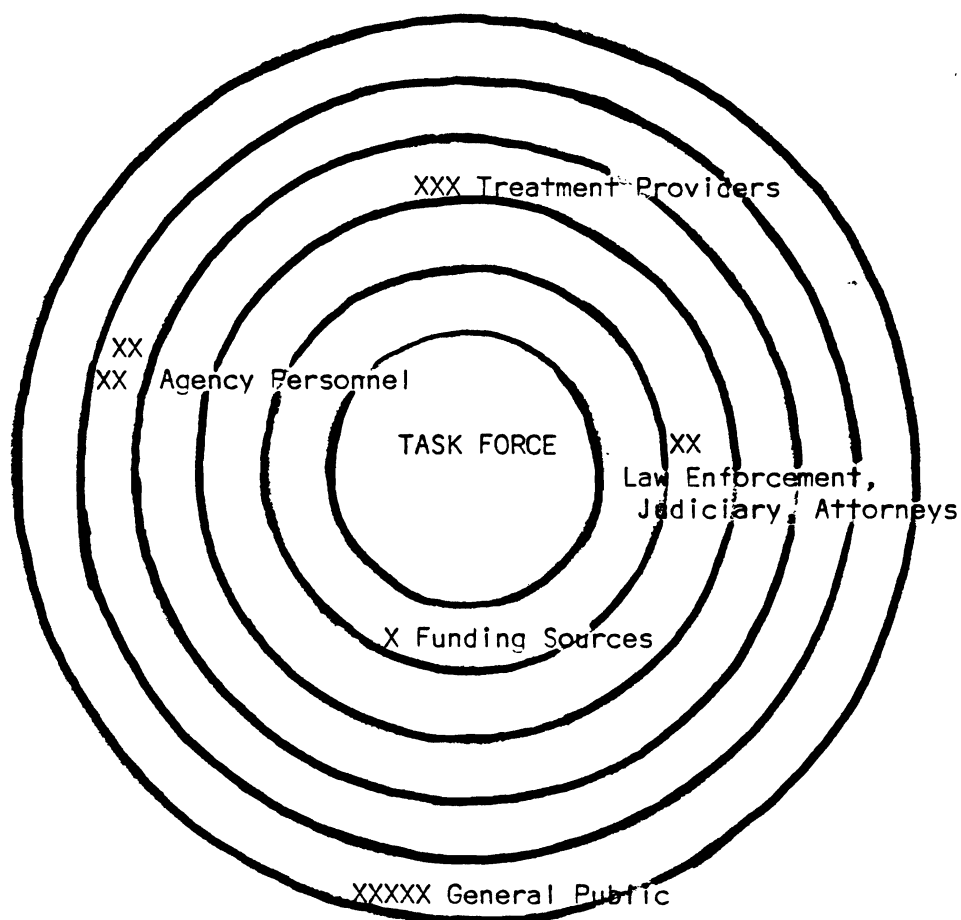


FIGURE 8

#### PROMOTION FOCUS

Realizing that the sensitive nature of the topic would be shocking to the conservative populous of



Sheboygan County, a media strategy was designed, with the help of a Sheboygan Press reporter, to increase the public awareness of the problem, the options, and finally the program (Appendix U). Informational meetings were developed to educate and recruit support from each group. Simultaneous to the exposure and awareness campaign, the task force began to stimulate involvement from governmental decision makers in terms of lobbying for monetary and administrative support.

The re-assessment of the promotional strategy allowed the Sheboygan County Interagency Sex Abuse Treatment Program to initiate a focused system that provided internal and external comprehension of the program. Each segment of the audience has demonstrated acceptance of the program, including unsolicited monetary contributions. Presently a brochure is being developed to use in the pursuit of funding from private foundations.

#### Place Strategy

Historically, Sheboygan County has taken risks in trying creative endeavors to solve cumbersome problems. The nationally recognized STRIVE Program has been cited as a model program in dealing with the child at risk population. This interagency program has broadened perspectives and improved communication, resulting in a

willingness for community leaders to seek other collaborative possibilities.

Besides a willingness to work together, an interagency program appeals to the conservative nature of the population due to its predicted ability to save money and increase provision of quality service. Goals of increased community protection and more structured sentences for the offender are attractive to the same conservative core.

Except for those directly involved in government matters (i.e., county board members, criminal justice employees, social service providers), few people will be aware of the program's existence. Targeting mental health providers and attorneys for information and education will become an on-going process and an initial focus of the Steering Committee.

Due to the structured nature of the program, distribution of services will be through court order. That distribution will be regulated by admission criteria designed to promote appropriate usage of the program. Training by the National Institute of Corrections will be designed to facilitate appropriate sentencing recommendations by the pre-sentence investigator (probation agent) and appropriate sentencing by the court.

## RECOMMENDATION

The Sheboygan County Interagency Sex Abuse Treatment Program has all the hallmarks of a good program. There is strong support from the political, administrative and media sectors. In addition, the program has a sound structure with components that have established success within both Sheboygan County and other areas. The program also has a strong core of momentum supported by a task force with the tenacity to see the program become successful.

Not unlike most good programs, however, the Sheboygan County Interagency Sex Abuse Treatment Program has a other areas that generate concern. The first area is funding. The cost-benefit analysis shows that spending money can result in significant savings economically and socially. Funds are available and can also be generated once the program is running, but a highly focused fund raising campaign in both private and public sectors will need to be structured and completed prior to initiation of the program. In addition, a cost and recoupment system will need to be developed in order to draw in the restitution ordered by the court.

A second area of concern is the acquisition, training, and maintenance of qualified providers. While the National Institute of Corrections will

provide training on the program components, treatment philosophy and format, this does not assure that the private mental health providers will adhere to program standards. In addition, the intensity of the therapy requirements will draw heavily, especially in emotional costs, on the treatment providers. Careful monitoring and revitalization will need to become an added program component.

Other important areas of concern include prevention of fragmentation and contingency planning. Ideally the program would be running two to three months before the first clients are started through the system.

Creating and implementing a new program that requires a drastic change in the status quo is rarely successful. People lose interest, momentum declines and stumbling blocks become road blocks. As a result, changes often are not made and the benefits are not realized. However, implementing a new program may cause changes and result in benefits even if the program does not succeed.

In conclusion, the Sheboygan County Interagency Sex Abuse Treatment Program appears feasible if careful attention is directed toward marketing, funding and provider recruitment. Every effort must be made to support the program design and structure. Participants

must weigh the problems that arise on a scale with the benefits of interagency cooperation.

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## APPENDIX A

### DEFINITION OF TERMS

AODA: Alcohol and other drug abuse.

Adjudicated: To settle by judicial (court) procedure.

Alford Plea: A plea of no contest to the charges; criminally used as an implied confession to protect from admission in other areas of possible liability (i.e., civil).

Children at Risk: Those children at risk of not graduating from high school due to family or community factors (i.e., divorce, child abuse, truancy, drug and alcohol use).

Consent/consensual: Words or overt actions by a person who is competent to give informed consent indicating a freely given agreement to have sexual intercourse or sexual contact. Persons unable to give consent include all children under the age of 16 and any person unconscious or mentally ill.

Fast-tracking Cases: Making sure that all time limits are met and that unnecessary delays are avoided so that the case can be tried in court in a timely fashion.

Huber Law: Law that allows inmates sentenced to the county jail to be released for employment as long as they meet certain criteria; cannot be denied to a

prisoner who owes fines or restitution without just cause.

Paraphilia: Term used to classify disorders also known as sexual deviations in which unusual or bizarre imagery or acts are necessary for sexual excitement.

Penile Plethysmograph: The plethysmograph consists of a small transducer that the offender places on his penis while in a room alone. He sits in a chair with his pants down to the point that clothes are not touching the transducer. The transducer is connected to a recording device in another room, which charts changes in the tumescence of the penis as detected by the transducer. Instructions are usually given by a therapist through a microphone connecting the two rooms, to ensure as much privacy as possible for the offender. Prior to the session, the therapist has calibrated the equipment and set up the stimulus. Stimuli include slides, audio and/or video tapes. On a continuum, slides are considered the weakest stimuli and video tapes the most arousing. The slides cover pre-school children through adolescence, plus pictures of both male and female adults. A particularly effective combination appears to be the use of slides to determine the age and sex of the child an offender finds arousing, and audio tapes to determine the degree of force. The degree of force generally ranges from

consent (manipulated consent in children and genuine consent in adults) to the rape of children and/or adults (application of a degree of force necessary to perpetrate the abuse), and finally to sadism (use of force beyond that necessary to obtain compliance).

Perpetrator: One who commits a crime; the offender.

Recidivism: The criminal repetition of a crime.

Sex Offender: Those who commit sexual assault on adults; child molesters; and those who commit incest.

Sexual Contact: Includes both the statutory definitions of sexual contact (Wisconsin Statute 940.225(5)(a)) and sexual intercourse (Wisconsin Statute 940.225(5)(b)).

Staffings: Clinical consultation by treatment providers and supervisors to monitor case progress.

STRIVE: Sheboygan Area Treatment for Re-Integration through Involvement in Vocation and Education. A community based, interagency program for emotionally disturbed and delinquent youth.

Unified Board: Agency mandated by the Mental Health Act (Wisconsin Statute 51.42) to provide community mental health, developmental disabilities, alcoholism, and drug abuse services.

## APPENDIX B

### MILWAUKEE JOURNAL ARTICLE

# Prison chief wants parole made easier

Bablitch says relaxed rules  
would reduce crowding

By STEVE SCHULTZE

Journal Madison bureau

**Madison, Wis.** — The State Parole Board should relax its tough standards and release more inmates from Wisconsin's overcrowded prisons, says Corrections Administrator Stephen Bablitch.

"They should be reviewing some of their practices to see if they can't release more people," Bablitch said in an interview.

The number of paroles granted has declined in recent years, from 1,039 in 1984 to 445 in 1988. Officials disagree on why the number has decreased. But longer sentences, few jobs for inmates and a program to release non-violent inmates even before they are eligible for parole are among the reasons cited.

Bablitch challenged the Parole Board's practice of insisting that inmates have jobs lined up and have completed drug or alcohol treatment before being paroled. Those requirements likely have contributed to prison crowding, Bablitch said.

The seven-member Parole Board, in teams of two, visits inmates to determine whether the inmate has met five parole requirements. Six of the seven board members are civil service employees. The governor appoints the chairman of the board. The board operates independently of Bablitch's division and reports to the Department of Health and Social Services.

Bablitch also said the state should consider abolishing the Parole Board in favor of administrative review of inmate release. The notion of dangling the prospect of release based on an inmate's rehabilitation is "an outmoded concept," Bablitch said.

The prison population crunch has forced construction of five new prisons, including the 450-inmate prison being built in Sturtevant in Racine County. Planning for another big prison already has begun.

Bablitch said the board's interest in having inmates find jobs and finish chemical dependency treatment was legitimate. But it is unrealistic to insist on this in every case, he said. Many inmates are minorities from Milwaukee, "which has one of the highest urban unemployment rates for minorities in the country," Bablitch said.

"Can you imagine trying to get a job if you are at Waupun [prison] and you are a convicted felon? What do you do, pick up the phone and call someone and say, 'I'd like a job but I'm sorry, I can't come in for an interview'?"

Parole Board Chairman Charles Kuehn last week declined to comment on the issue. In an interview in December, Kuehn said state law required that inmates have jobs

Please see **Parole**, Page 14A

# Parole

From Page 1A

lined up before they can be paroled.

"There has to be a job or suitable employment and means of support" before parole may be granted, Kuehn said.

State law, however, permits the board to waive that requirement, "so I don't think you can use that as a reason," Bablitch said.

The state has about 6,300 adult inmates. The new prison being built in Sturtevant, expansion of the Oshkosh prison and three new minimum-security prisons are not expected to keep pace with continued growth in the inmate population.

Bablitch did not offer a specific plan for eliminating the Parole Board. He said Wisconsin should review sentencing models in other states, such as Washington and Minnesota, where parole boards have been eliminated. In those states, corrections agencies process inmate releases but release is not conditioned on inmates' achieving certain rehabilitation goals.

In Wisconsin, inmates must pass five tests before the Parole Board will consider what's known as a

"discretionary parole," which can reduce by as much as 75% the time spent behind bars.

The prison system has sufficient rehabilitation incentives built in, Bablitch said. Time off for good behavior and moving to lower-security prisons can be rewards for completing goals such as education or psychological therapy, he said.

Bablitch said he wanted to work with Kuehn to loosen the drug-treatment requirement as a condition for parole. More community treatment programs need to be set up so drug treatment on the outside could be made a parole condition and the prison crowding problem could be lessened, he said.

Kuehn, in the December interview, said: "If there is an identified drug or alcohol need, that person has to go through that program before the board will consider that person for release."

But he also said the treatment could be completed outside prison if more community-based treatment programs were available.

Kuehn said he was supportive of the parole standards as currently written in the law. The five parole criteria are serving at least 25% of a sentence, serving enough time so the

punishment is adequate, participation in prison programs, having an adequate parole plan, and presenting no unreasonable risk upon release.

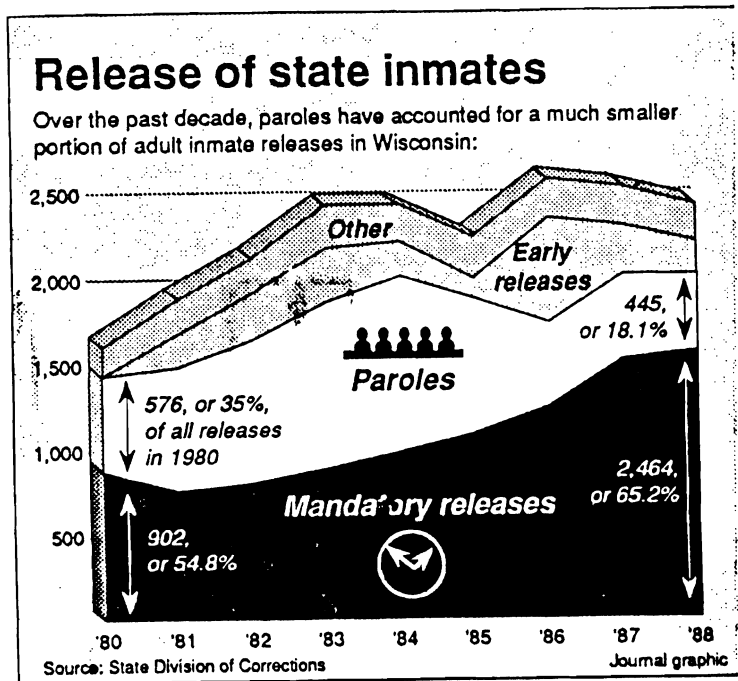
"I feel they all are appropriate and necessary," Kuehn said. "The overriding consideration is the protection of the public."

State lawmakers are faced with another proposed major change in the Parole Board. Gov. Tommy Thompson has called for reducing the size of the board from seven members to three and making all three political appointees. Currently, only the chairman is appointed by the governor; the rest are civil service employees.

Michael Hughes, a state budget analyst, said the governor's plan was intended to make the board more efficient. The move would save \$193,800 a year in salaries and fringe benefits.

The new three-member Parole Commission that Thompson wants would fit with his plan to sever the Division of Corrections from the Department of Health and Social Services, Hughes said. The Parole Commission would be independent.

State Sen. Lynn Adelman (D-New Berlin), chairman of the Senate's Judiciary and Consumer Affairs Committee, said he opposed the idea of abolishing the Parole Board or making all members political appointees.



# APPENDIX C

## SHEBOYGAN COUNTY FOUNDATIONS

Foundation Name	Assets	Range	Median
Bemis Family	\$ 63,722	25-200,000	1,000
Brotz Family	8,338,720	150-1,200,000	2,500
Deland	195,352	3,000-10,000	3,000
Esch	10,650	100-1,500	150
Feingold Family	21,930	400-1,850	600
French Family	58,856	100-12,980	300
Garton Family	547,811	25-4,750	250
Hayssen Family	1,007,694	100-2,500	1,000
Kohler	21,419,657	185-384,000	500
Lakeland	265,259	15-12,700	100
Muth	403	25-12,500	200
Nehls	205,877	5,000-5,000	5,000
Park and Shop	36,461	10-8,000	260
Prange Company	144,056	500-40,680	2,500
Reiss	54,379	500-10,000	1,000
Richardson	225,328	25-5,000	100
Sheboygan Clinic	6,099	100-18,200	500
Sheboygan Press	437,551	45-4,000	250
Thornhill	19,600	25-2,500	75
Verhulst	687,011	500-30,000	1,250
Vollrath Company	114,775	25-25,742	1,000
Wagner	30,042	500-2,000	500
Weill	156,929	100-1,600	300
Werner	97,023	21-1,450	250
Wigwam Mills	14,229	40-10,200	500
Totals	\$34,041,774	11,516-2,007,152	23,085
Average	1,361,671	461-80,286	923

Source: Foundations in Wisconsin: A Directory.  
S. H. Hopwood (ed). 1988.

APPENDIX D  
JOB DESCRIPTIONS

SHEBOYGAN COUNTY  
INTERAGENCY

SEX ABUSE  
TREATMENT PROGRAM



***JOB DESCRIPTIONS***



### *JOB DESCRIPTION*

*JOB TITLE:* Project Coordinator

*GENERAL SUMMARY:*

Plan, coordinate, implement and evaluate the involvement of various agencies and coordinate their various roles in the systems approach to managing sex offenders. Provides direct supervision of staff and continual monitoring of all cases within the system and coordinates the various public and private agencies involved in the systems approach to the treatment of sex offenders, with the hope to lessen social and psychological adjustment problems of the victim, offenders and other family members and to secure a coordinated community based system of services for families of sex abuse.

*PRINCIPAL DUTIES AND RESPONSIBILITIES:*

1. Supervises the public and private agencies involved in the systems approach to treatment.
2. Establish working relationships with all relevant social agencies that impact on the goals and objectives of the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM.
3. Prepares budget and expenditure reports.
4. Supervises professional and secretarial staff.
5. Provide technical and educational assistance on sexual abuse to public and private human services agencies; mental health care agencies and schools.
6. Supervise and coordinate treatment for the sex offender, the sexual abuse victim and the family with the goal to unify the family.
7. Provide training and evaluation as well as contracts with specifications for the private agencies used by the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM.
8. Coordinate and keep track of the various services being provided and keep the members of the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM Steering Committee.
9. Notify the members of the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM of the staffings for the various perpetrators throughout the system.

10. Maintain records on all victims, perpetrators and families served by the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM.

*KNOWLEDGE, SKILLS AND ABILITIES:*

This job requires:

1. Oral and written communications skills, planning, data collection, analysis, staff evaluation and budgetary abilities.
2. Masters degree in one of the following: business administration; public administration; social work; public health or health care providing.
3. Bachelors degree in social work; psychology; or public health.
4. Five years or more of experience in social work, child development, psychological counseling; or closely related fields.
5. Administrative and management skills usually required after five years of supervisory experience.
6. Experience in demonstrative skills and service development and management related to children and families.
7. Ability to establish and maintain effective working relationships with widely diverse number of public and private human service professionals.
8. Twelve hours of training in interview skills; eighteen hours of training in chemical dependency; and, forty hours of training in treating the sex offender and/or victim of sexual assault.

*REPORTING RELATIONSHIPS:*

Reports directly to the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM.

## *JOB DESCRIPTION*

*JOB TITLE:* Social Worker/Case Manager

*GENERAL SUMMARY:*

Responsible for providing direct client and program oriented services to the victim, offenders and other members of the families of sexual abuse with appropriate supervision and latitude for individual judgment.

*PRINCIPAL DUTIES AND RESPONSIBILITIES:*

1. Accepts referrals for SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM services; determine through interviews, home visits, and investigations the range of services needed by victims, offenders, and other individuals affected by sexual abuse; explains those services and discussed the client's rights and responsibilities.
2. Plans with the project coordinator and the Interagency Management Team services appropriate for the client's needs; provides those services to clients and refers to appropriate community services.
3. Continues contact with client, modifying the service plan as needed.
4. Maintains case records containing pertinent, accurate, and current information as necessary and as the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM requires.
5. Prepares correspondence, court reports and other reports as deemed necessary.
6. Testifies in court and at probation/parole revocation hearings as necessary.
7. Performs other duties as may be assigned.

*KNOWLEDGE, SKILLS AND ABILITIES:*

This job requires:

1. Bachelors degree in the behavioral science/human service field.
2. Three years of professional social work experience; with a minimum of eighteen months of dealing with sexual abuse.
3. Eight graduate credits in an accredited school of social work or extension program plus an additional twelve hours of training in interview skills;

SHEBOYGAN COUNTY INTERAGENCY  
SEX ABUSE TREATMENT PROGRAM

eighteen hours of training in chemical dependency; and, forty hours of training in treating the sex offender and/or victim of sexual assault.

4. Oral and written communications skills.
5. Skills in human relationships, initiative and resourcefulness.
6. Knowledge of the community, its resources, problems and laws.

*REPORTING RELATIONSHIPS:*

Reports directly to the Project Coordinator of the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM.

## ***JOB DESCRIPTION***

***JOB TITLE:*** Secretary II

***GENERAL SUMMARY:***

Performs difficult stenographic and clerical tasks; does related work as required.

***PRINCIPAL DUTIES AND RESPONSIBILITIES:***

1. Takes dictation of letters, memoranda, reports and other material relating to specialized fields of work and keeps all information confidential.
2. Prepares replies to correspondence without dictation in accordance with established procedures.
3. Performs the functions of a general secretary.
4. Reads and routes incoming mail and assembles files and other materials to facilitate replies by the project coordinator or social worker/case manager.
5. Sorts, indexes, and files material alphabetically, numerically and geographically.
6. Makes appointments and keeps appointment calendars; schedules staffings, meetings of the Interagency Management Team and the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM Steering Committee.
7. Receives and disperses sexual abuse data to interested agencies and county departments.
8. Serves as receptionist.
9. Performs other duties as may be assigned.

***KNOWLEDGE, SKILLS AND ABILITIES:***

This job requires:

1. High school education or equivalent.
2. Two or more years of secretarial experience.
3. Knowledge of business, psychology and human services terminology and procedure.

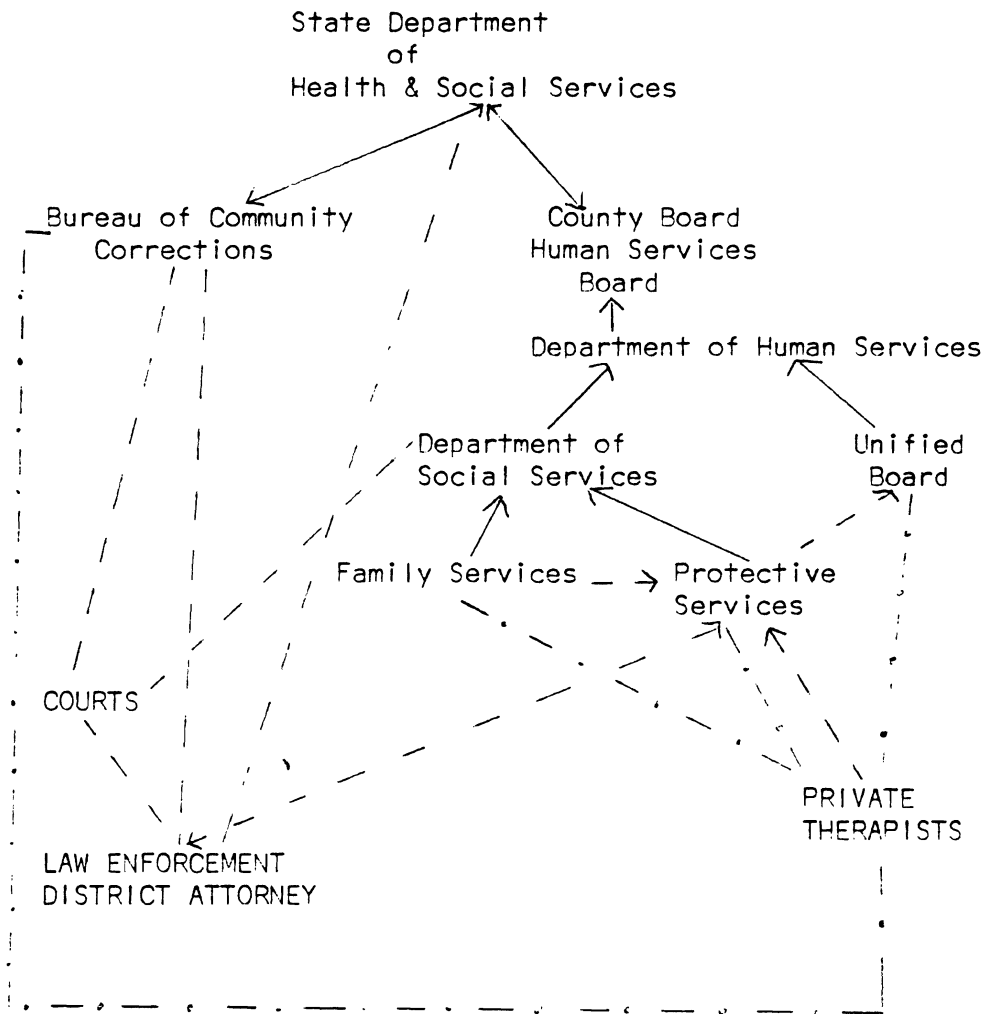
4. Experience using a personal computer and with popular application programs including wordprocessing, spreadsheets and data base management.
5. Knowledge of business english, arithmetic and bookkeeping.
6. Ability to follow complex oral and written instructions.
7. Ability to take and transcribe dictation at a high rate of speed.

*REPORTING RELATIONSHIPS:*

Reports directly to the Project Coordinator of the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM.

# APPENDIX E

## INTERAGENCY DIAGRAM



- Direct Reporting
- Legally Mandated
- ..... Contracted or Private Pay

## APPENDIX F

### APPROVED TREATMENT PROVIDER APPLICATION

The Sheboygan County Interagency Sex Abuse Treatment Program (SCIASTP) will be referring sex offenders to sex offender treatment programs who meet certain established criteria. In order to qualify for program referrals we ask that you submit information on your agency as directed by SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM

Please submit the following information to SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM:

- Brief description of your organization
- Length of operation
- Types of treatment provided
- Therapeutic approach
- Fees
- Staff vita to include full name, social security number, employment history and training/education

Sex offender treatment providers must agree to the following requirements with all project clients:

- All clients must sign a waiver of confidentiality allowing the therapists and parole officers to communicate freely about the client and his therapy.
- A copy of the client's intake evaluation and treatment contract should be sent to the parole office. We ask that the intake evaluation include information on therapeutic issues, therapy recommendations and treatment plan and cost.
- The Referral List should be filled out and returned each month to the parole office. When possible monthly staffings shall be arranged with the parole officers in order to share information and impressions of the clients.
- Whenever the client misses a therapy appointment the parole officer should be notified within 24 hours.
- The parole officer should be notified immediately whenever the therapist perceives instability, deterioration, negative attitude changes, suspected danger, or reoffenses in the client,
- A termination report must be sent to the parole office whenever a client is expelled from treatment or completes treatment.
- The therapist should write a certified report or be willing to testify as an expert witness in parole hearings involving their clients.



## APPENDIX G

### CRITERIA FOR EMPLOYMENT OF SEX OFFENDER TREATMENT PROVIDERS

As the issue of sexual victimization has increasingly gained public attention, the demand for individuals who have acquired specialized skills in treating the sexual aggressor (and victim) has grown. In an effort to meet this demand, the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM has contract with many mental health practitioners and has sponsored training to assist them to acquire expertise in treating the offender. Unfortunately, as the demand for treatment of offenders has escalated, a number of mental health professionals have presented themselves as having expertise in this area when evidence of their expertise has been lacking. In an effort to ensure that the quality of services provided by individuals affiliated with the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM remains high, the necessity of developing criteria for employment of treatment providers for offenders has become apparent. Therefore, the SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM has chosen to advocate the following criteria for contractual employment of mental health professionals as treatment providers for sexual aggressors.

1. The mental health provider should have been awarded a Masters degree, or other advanced graduate and/or medical degree, in a nationally recognized mental health discipline. Among these disciplines are: social work, counseling, psychology, and psychiatry.
2. The degree work must have been completed at an accredited higher educational institution.
3. The provider should be a licensed, or license eligible, mental health professional.
4. The practitioner should have completed an internship, or equivalent post-degree training, in forensic mental health, or in the treatment of the sexual aggressor and /or victim.
5. The practitioner should be proficient in group and behavioral therapy.
6. The practitioner should have received training in traditional psychometric assessment techniques.
7. The practitioner must agree to participate in peer supervision with other members of the Sheboygan County Interagency Sex Abuse Treatment Program.
9. The practitioner must be willing to meet with representatives of the Bureau of Community Corrections to discuss case-related issues.

As long as one group therapist meets these criteria, the remaining co-therapist need not meet them. Thus, if one therapist meets the criteria for employment as a contractual provider of sex offender treatment, the person's co-therapist need not do so (e.g., the co-therapist may be a Probation and Parole Agent, Social Services Worker or other person whose profession or personal interest may lead them to be concerned with the area of sexual aggression).

## APPENDIX H

### SEXUAL ABUSE TREATMENT GROUPS FOR CHILD INCEST VICTIMS

#### MEMBERSHIP

The nature of the sexual abuse should be that of the perpetrator being a trusted adult or family member. Those appropriate for participation are female victims of sexual abuse who are between the ages of 7 and 18. Group treatment for male victims maybe available through private mental health providers.

#### REFERRAL PROCESS

Written referrals are made to the Family Sex Abuse Treatment Specialist who staffs with the caseworker as to the appropriateness for the individual child.

#### GROUP COMPOSITION

The groups are age and maturity segregated, with all members approximately the same age and/or maturity level.

#### TREATMENT PROCESS

Treatment groups meet weekly and are open, ongoing groups with members at all stages of the resolution process. Given the nature of the family and individual crisis at the time of discovery and beyond, it is desirable for the victims to enter group as soon after discovery as possible.

#### GROUP LEADERS

Department of Social Services caseworkers and occasionally other community professionals in conjunction with Department of Social Services staff act as group leaders. There are two leaders per group.

#### GENERAL GROUP GOALS

Graduation occurs when the child has reached sufficient resolution of the trauma to have: 1 ) a clear understanding of responsibility; 2) a reduction of guilt, anger, and confusion; 3) an increased self-esteem as well as; 4) a support system so she can plan for the future and know who to tell if ever there is a re-abuse of any kind.

#### SPECIFIC TREATMENT ISSUES

##### 1. Universalism:

The child learns she is not the only one who has been victimized.

2. Realigning sense of responsibility:

The child often not only feels responsible for the sexual abuse but also for the break-up of the family.

3. Reduction of guilt:

The child feels guilt and shame for breaking a social taboo; guilt for revealing the abuse; guilt for any pleasure derived from the sense of closeness with the offender.

4. Building Self-Esteem:

The child must learn she is worthwhile as an individual and that she is not different or special because she was "chosen" by the perpetrator.

5. Relearning basic trust:

The child's sense of trust is shattered; she wants to believe the offender will never re-offend and that he has learned that the abuse was wrong. Group leaders model accepting, caring adults who are not abusive.

6. Developing coping skills and building a support system and safety plan:

The child needs to learn to identify who to turn to such as family, friends or school personnel in case of another abuse or any other life crisis. This may involve improving communication skills, asking others for help, anticipating mother's (family's/other's) reactions to information given, and developing self-protectiveness, assertiveness, and anger management.

7. Preparation for court experiences:

Role plays of grand-jury and court room trials as well as understanding the legal outcomes for the offender are covered routinely.

8. Learning to separate sex from love and learning basic human sexuality:

Educational materials and group sharing help the child redefine their own sexuality. Birth control and normal dating issues are dealt with if age-appropriate. Often the child is fearful of sex or confused about their personal rights and are highly vulnerable to promiscuity and further sexual abuse.

9. Developing knowledge of offender deviant thinking:

Understanding offender behavior cycles and deviant thinking patterns is important to helping the victim realize she/he was not the cause of the abuse. This also helps the child identify potential risk situations in the future.

10. Discriminating between harmful and appropriate life situations:

The child needs to learn what are hurtful behaviors and how to identify, avoid, and not participate in hurtful behaviors to others, themselves.

11. Dealing with self destructive behaviors:

Suicide, drug and alcohol abuse, and running away behaviors are seen as outgrowths of depression due to the sense of guilt and shame the child feels and are addressed as such as in goals (3), (4), and (6).

12. Understanding dissociation:

The child may have developed distorted techniques of coping during time of the abuse such as daydreaming, thought-blocking, flights from reality. New issues may manifest themselves in nightmares or trouble with concentration in school. These are understood as protective devices but are discouraged as daily coping skills.

13. Learning hope:

Seeing others who have survived the same negative experience and developing a sense of altruism (being able to help one another) are healing stages for the child.

14. Learning a reconstructive "family" experience:

The child develops bonds to group leaders and members and develops a sense of belonging (particularly during a time when the natural family seems to be disintegrating).

15. Resolution of the negative experience:

The child learns to talk about the abuse without great anxiety or distress: she is able to acknowledge her caring of the offender, but dislike at his actions toward her.

16. Preparation for clarification:

Role plays and other practicing is done with the child to help anticipate what clarification will be like and ensure that the child has had help preparing for their part.

## **APPENDIX I**

### **GROUP TREATMENT FOR MOTHERS OF INCEST VICTIMS**

#### **MEMBERSHIP**

Those appropriate for participation are women whose children have been victims of sexual abuse by a family member or trusted adult.

#### **TREATMENT PROCESS:**

The group meets weekly and is an ongoing process group with members at all stages of the resolution process. Members are encouraged to remain in group until they, the group leaders and the caseworker feel they have made sufficient progress in understanding the dynamics of how and why the abuse occurred and have received support to deal with their own feelings.

#### **SPECIFIC TREATMENT ISSUES MAY INCLUDE:**

1. Symptoms and behavioral problems in the victims as well as siblings.
2. Anger and/or ambivalence towards the offender.
3. Understanding offender behavior.
4. Anger/jealousy/ambivalence toward the victim's).
5. Guilt associated with perceived lack of protection for the victim.
6. Parenting skills.
7. Depression.
8. Life coping skills; economic, personal emotional.
9. Molestation as a child themselves.
10. Assertiveness skills.
11. Building self-esteem.
12. Communication skills.
13. New dating concerns.

## APPENDIX J

### **RECOMMENDED CONDITIONS OF PROBATION**

If the results of the psychosexual assessment indicate that the sex offender is an appropriate candidate for probation with community based treatment, the sentencing court will be requested to impose special conditions of probation to prohibit involvement in high risk situations.

Among the special conditions of probation that may be instituted are:

1. The offender shall participate in offender treatment as directed by his/her probation agent and assume the costs of treatment.
2. The offender shall assume the cost of therapy required by all victims.
3. The offender shall make restitution to the victim for out-of-pocket expenses incurred as a direct result of the offense.
4. The offender shall not purchase, possess, or consume alcoholic beverages and/or controlled substances without a valid prescription from a licensed physician.
5. The offender shall submit to an Intoxilyzer/urinalysis testing as requested by the probation agent.
6. The offender shall participate in alcohol/drug assessment and counseling as directed by the probation agent.
7. The offender shall not purchase or possess pornographic materials.
8. The offender shall not operate a motor vehicle after dark [or during specified hours when children are going to and leaving school], except for the purposes of verified employment, unless in the company of another adult deemed responsible by the probation agent.
9. The offender shall abide by any curfew imposed by the probation agent.
10. The offender shall not hitchhike or pick up hitchhikers.
11. The offender shall not initiate, establish, or maintain contact with any minor child nor attempt to do so, nor reside in the same residence with minor children without permission of the probation agent.
12. The offender shall reside where the probation agent directs.
13. The offender shall not purchase, possess, or use firearms.

As necessary, other special conditions of probation may be recommended to prevent the offender from being placed in a high risk situation.

## APPENDIX K

### SHEBOYGAN COUNTY COMMUNITY CORRECTIONS

#### DEFINITION OF TERMS REGARDING CONTACT WITH MINORS

A Minor is defined as anyone under 18 years old.

Contact can mean several things:

- \_\_\_\_\_ 1. Actual physical touching.
- \_\_\_\_\_ 2. Association or relationship: taking any action which furthers a relationship with a minor such as writing letters, sending messages, buying presents, etc.
- \_\_\_\_\_ 3. Communication in any form is contact. This includes verbal communication such as talking, and/or written communication such as letters, etc.
- \_\_\_\_\_ 4. Proximity contact: Being in the proximity of a minor (such as in the same house, yard, store, or restaurant) where communication could be established with a minor. If a minor is known to the offender, the offender should control the situation by leaving. (It is not appropriate to put the responsibility on the minor to avoid communication.)

If a minor is in a non-public place and if the minor is not going to leave, the offender should leave. (Example: a minor selling magazines door to door, minors come into your yard to play or ask questions, minors come to visit a friend while you are at a friend's house.) This constitutes a high risk for grooming behaviors, opportunity or interpretation of having an opportunity of inappropriate contact.

If the minor is unknown to the offender and is in a public place (encountered at a grocery store, church, movies, etc.): First, all efforts should be made to minimize such contact by timing visits to public places when minors are not likely to be present. (Example: Do not go to Saturday afternoon matinees at the movies.) If this is done, and a minor is still encountered, the offender should not initiate any communication (verbal or nonverbal) with a minor. If a minor initiates communication, the offender should immediately move away from the minor's area. If the minor persists in trying to communicate, the offender should leave the public place.

\_\_\_\_\_ Direct Contact is 1:1 contact with a minor. This includes in person visits, touching, talking on the phone, letters or written notes, making proximity contact with a minor (see definition for proximity contact).

\_\_\_\_\_ Indirect Contact is making contact with a minor through another person which includes asking the mother, teacher, or a friend to tell a minor something, or to have a minor answer questions, send pictures, deliver or receive packages, gifts, or money.

**WHEN IN DOUBT, TERMINATE CONTACT. THEN CALL YOUR PROBATION AGENT AND REQUEST MORE INFORMATION.**

\_\_\_\_ Supervisor is a person who has been approved by the probation agent to supervise a contact between a minor and an offender. The approval **MUST** be in writing, and be obtained prior to any supervised contact. The probation agent and the judge are the only people who can approve a person as a supervisor, your counselor or attorney **CANNOT**. Supervisors must be adults who know the details of the offense, the offender's cycle, risk situations, conditions of probation, and agree to monitor the situation and report violations to the probation agent.

\_\_\_\_ Supervised Contact is when an offender is allowed to have contact with a minor under prearranged conditions and times. The conditions must be approved **IN WRITING PRIOR** to the contact. The approval is by the probation agent or judge only. Deviations or substitutions must be by prior approval by probation agent in writing.

Supervised contact **ALWAYS** requires a pre-approved supervisor. This **NEVER** means just another adult is present.

**WHEN IN DOUBT, TERMINATE CONTACT. THEN CALL YOUR PROBATION AGENT  
AND REQUEST MORE INFORMATION.**



## APPENDIX L

### PHILOSOPHY OF TREATMENT

1. Child molestation is either the result of:
  - a. A deviant arousal pattern and/or
  - b. The inappropriate conversion of nonsexual problems into sexual behavior.
2. Goals of therapy for offenders are as follows:
  - a. A primary goal is for offenders to learn to control their deviant arousal patterns.
  - b. A second goal is to place obstacles in the path of converting nonsexual problems into sexual behavior. These may include removing the father from the home, developing a better mother child relationship, and improving the ability of the victim to be assertive and to report any attempts at remolestation. A key to minimizing the risk of reoccurrence is to strengthen the positive qualities of the mother-child relationship.
  - c. A third goal of therapy is for offenders and their families to learn to solve nonsexual problems in nonsexual ways. For example, the offenders need to deal with marital problems, depression, and other life problems directly, without the use of inappropriate sexual acting out.
3. Offenders must take responsibility for child sexual abuse without minimizing, externalizing, or projecting blame onto others. Manipulation and denial are major behavioral overlays of the offense and the response to discovery.
4. Each parent must take responsibility for his or her own behavior and not the other's. Spouses are responsible for abuse only if they are involved in sexual abuse. They are responsible for denying and minimizing if they do.
5. Child sexual abuse is a treatable problem. Treatable is defined as helping the offender learn ways of minimizing the risk of re-offense. It does not imply cure.
6. Any dysfunctional family patterns resulting from or providing the opportunity for sexual abuse need to be addressed and changed. These may include but are not restricted to isolation, poor communication, lack of boundaries, and patriarchal entitlement.

7. Victims are not responsible for child sexual abuse under any circumstances.
8. Child sexual abuse is harmful to children.
9. An important goal of a child sexual abuse program is to provide support to other professionals and to network effectively.

Source: A. Salter. Treating Child Sex Offenders and Victims. 1988.

## APPENDIX M

### THEORETICAL FRAMEWORK

#### THE OFFENDER

A sexual offense is a multi-determined event with two primary components:

1. Sexual deviance, and
2. The character structure that allowed the individual to act on the deviant fantasy.

A deviant sexual arousal pattern typically develops in adolescence from a conditioning process in which the adolescent masturbates to fantasies. Arousal to particular fantasies is enhanced and maintained through the primary reinforcer of sexual gratification by ejaculation. Actual acting out of deviant fantasies may be reinforced not only by immediate sexual release, but by secondary reinforcers such as the excitement of risk taking and feelings of power and control over the victim.

The personality structure which facilitates overt expression of sexual deviance has characteristic features. Early development may be affected by parental modeling and learning about sexuality. Studies of offender populations suggest they are at high risk to have been victims of sexual abuse themselves or to have witnessed abuse in their families. Deficits in empathy, poor social skills,

emotional immaturity, and isolation may function in the adolescent personality to prevent development of healthy and appropriate outlets for intimacy needs and sexuality. These developmental patterns and environmental influences set the stage for the cognitive structure of the offender. As described in *The Criminal Personality* (Yochelson and Samenow, 1976), a pattern of "thinking errors" develops to protect and maintain the deviant behavior and psychologically protect the client from the harmful aspects of his behavior.

Environmental factors which set the stage for the inappropriate sexual behavior include:

1. Cognitive patterns are utilized to persuade oneself that it is okay to engage in the inappropriate sexual behavior.
2. Opportunity to engage in the sexual behavior.
3. Grooming of the victim or manipulating the victim into a frame of mind or situation which increases the likelihood of the deviant sexual behavior.
4. Sexual fantasy rehearsal of the deviant behavior.
5. Perception of sexual cues which trigger the deviant arousal. Misinterpretation of events or sexualizing neutral cues.

6. Emotional states such as anxiety, depression, anger or loneliness.

7. Isolation and estrangement from others.

8. Enabling system which facilitates and maintains deviant sexual behavior and at the same time fails to hold the offender accountable for his actions.

Immediately following the sexual assault, both primary rewards (sexual gratification) and secondary rewards (power and control) reinforce the deviant pattern. Negative consequences (legal) are too far removed. Following those periods of actual involvement in the deviant sexual acts, the offender is able to think in somewhat responsible terms about the inappropriateness of the sexual behavior and potential consequences. Typically, this responsible thinking is somewhat superficial and self-focused. Periods of responsible thinking are followed by thoughts and feeling states which are painful such as experiencing guilt, anxiety, depression and low self-esteem.

Over time, sexual offenders tend to deal with their anxiety and guilt not by eliminating the deviant sexual behavior, but rather by discounting the responsible thinking which leads to the negative feeling states. It is in this phase that the cognitive mechanisms (distortions) or denial, blaming, minimizing, redefining, secrecy, rationalization, and

intellectualization are developed and set the stage to reoffend. Magical solutions, overworking, and religious conversions are other avoidance mechanisms. Another major defense often employed is victim playing, where the offender casts himself as a victim and his environment as persecutorss. This allows guilt and anxiety to be externalized and over time this perception that the world is hostile becomes a justification for the sexually abusive behavior. The cognitive structure or thinking errors are reinforced by their ability to remove anxiety and guilt. Escape from negative emotions is a reward. The offender feels better (temporarily) and then unconsciously goes about setting up the antecedent for the next sexual assault.

From an external standpoint, resumption of the assault cycle may be inferred from a repetition of old behaviors which typically preceded the assault in the past. Although the offender may appear to be complying with treatment, or present a facade of remorse to others, behaviors such as increased isolation, return to substance abuse, depression, anger outbursts, or decreased work performance may signal to the therapist that the offender is at increasing risk of reoffense. Over time these behaviors (cognitive and overt) which characterize the cycle become compulsive and in a very

real sense, addictive. As a whole, the cycle of behavior functions to relieve negative internal states.

#### THE FAMILY

The character structure of the offender is embedded within the context of the family system. Dynamics commonly seen in incestuous families include a father who is dominant and controlling in his spousal relationship as well as with the activities of the children. Mother is likely to be passive-dependent, abdicating decision making to her spouse. In taking a subordinate role, the mother may unconsciously transfer her role to her daughter in child care and household duties, eventually withdrawing from involvement in the family. This pattern may facilitate avoidance by the mother of cues of sexual abuse. Family secretiveness and social isolation are hallmarks of the sexually abusive family, preserving the dysfunctional family system. Family attitudes about sexuality tend to be either rigid or repressive, or overly liberal. Abusiveness towards the wife or children is often associated with this pattern, along with an impaired marital/sexual relationship with the wife. A breakdown of physical or emotional boundaries within the home, and opportunities for excessive father-child contact are considered risk factors for abuse in the family. A

history of sexual abuse in either or both of the spouses may intensify the family defense system.

Ideally, all incest families, whether reunification occurs or not, should engage in family work to resolve old conflicts and maladaptive patterns and clarify changes that must be made prior to reunification. Power struggles (dominating father) within the family need realignment, appropriate parent/child roles need to be established, and the marital bond strengthened. These patterns and the need for assistance may also exist in the family unit of non-incest offenders.



## APPENDIX N

### ACKNOWLEDGEMENT OF NON-CONFIDENTIALITY AND WAIVER

I, \_\_\_\_\_ have been informed and acknowledge that I have no rights of confidentiality regarding my treatment at Sheboygan County Interagency Sexual Abuse Program. I have also been informed and acknowledge that whatever I tell an interviewer or counselor during treatment is not privileged or private. If any such rights of confidentiality, privilege of privacy exist or, subsequent to execution of this waiver, are held to exist by statute or rule of law, I hereby waive any and all such rights.

I understand that sexual assault is a criminal offense with serious consequences to the victim and the community, and I hereby allow any therapist to report to the appropriate authorities including but not limited to, the District Attorney's office, or local law enforcement agencies any occurrence or potential occurrence of a sexual offense on my part, regardless of how the therapist gains knowledge of such occurrence or potential occurrence. The purpose of my participation in the Sheboygan County Interagency Sexual Abuse Program counseling is to control my sexual assaultiveness in the community, and I wish to be held fully accountable for such behavior.

Signature of Client \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX O

### OFFENDER TREATMENT CONTRACT

I, hereby enter into an agreement with Sheboygan County Interagency Sexual Abuse Program to allow their staff and contracted private providers to provide me the treatment services designed to increase non-deviant sexual behavior and arousal patterns and/or reduce deviant sexual behavior and arousal patterns. The primary goal of treatment is to prevent recidivism. I understand and agree to the following conditions regarding my treatment:

- 1) I agree to be completely honest and assume full responsibility for my offenses and my behavior.
- 2) I agree, if deemed appropriate by treatment staff, to make a clear apology to my victim(s) and a statement that what happened was not the victim's fault.
- 3) I agree to sign an acknowledgement of non-confidentiality and waiver and to sign any releases of information required to obtain information about my behavior.
- 4) I will attend all treatment sessions, attend on time, and notify the appropriate staff member as soon as possible about any situation that affects my attendance or promptness. I understand that the only acceptable excuse for absence or lateness is a verifiable medical emergency.
- 5) I will pay my assigned fee at the time of each session unless I have made other arrangements with the staff.
- 6) I will not disclose any information regarding another client to anyone outside this program.
- 7) I will actively participate in treatment to the satisfaction of staff and other group members.
- 8) I understand that treatment may include periods of individual, couples, and family therapy in addition to weekly group therapy.

Treatment can generally be expected to last a minimum of 18 months.

Treatment will include:

- a) writing a detailed autobiography;
  - b), completing readings, written assignments, and counseling in such areas as stress management; assertiveness, self-esteem, sexuality, communication, and victim empathy;
  - c) identifying and changing deviant behavior patterns;
  - d) developing and implementing a plan to avoid high risk situations. I understand that I will be asked to discuss these tasks and assignments in group treatment.
- 9) I understand that my offense has had an impact on my living partners. In order to assist my partners and myself in the recovery process, I agree that my current partners, or any future significant living partners will participate in treatment on an as needed basis as determined by treatment staff.
  - 10) I understand that ongoing assessment of my progress through psychological and physiological evaluation will be part of my treatment.
  - 11) I will comply with all conditions of probation and parole.

12) I will not attend any session while under the influence of alcohol or drugs.

13) I will not become verbally threatening or assaultive towards any staff member or client whether inside OR outside of the office.

14) I understand that a staff member is on-call for emergencies on a twenty-four (24) hour basis by calling \_\_\_\_\_.

15) I will not have any pornographic material in my possession, or use it, at any time.

I also agree to the following special conditions:

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I understand that my probation/parole agent may be notified immediately of any violation of this contract. I also understand that local police departments or the county Sheriff's department may be contacted if necessary to maintain victim or community safety. I also understand and agree that any violation of the conditions of this contract may be grounds for termination from the program at the discretion of the staff. I agree that the staff may terminate my treatment for an, other problem behavior, not outlined above.

If I have any questions about this Treatment Contract, I have discussed them to my satisfaction with the person in charge of my treatment. By signing this I give my voluntary consent to participate in all of the above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
[Client]

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX P

Client Name \_\_\_\_\_

Date of staffing \_\_\_\_\_

P.O. \_\_\_\_\_

Review date \_\_\_\_\_

Caseworker \_\_\_\_\_

Phase \_\_\_\_\_

### IMT STAFFING SERVICE CONTRACT

During this service period, these goals will be addressed:

#### I. DEVIANT BEHAVIOR

Problems :

Methods:

#### II. THINKING ERRORS

Problems:

Methods:

#### III. INTERPERSONAL/FAMILY DYNAMICS

Problems:

Methods:

#### IV. VICTIM

Problems:

Methods:

#### V. SYSTEM RESPONSIBILITIES

Problems:

Methods:

#### VI. VISITATION SCHEDULE

\_\_\_\_\_  
Client

\_\_\_\_\_  
Probation Agent

\_\_\_\_\_  
Caseworker

ROUTE: ( ) Client ( ) Therapist ( ) Probation Agent ( ) Caseworker ( ) Log

## APPENDIX Q

### STAFFING FORMAT

Rationale: A general staffing format can define the roles of the participants, develop a general "game plan" for that particular staffing, and assist in better utilization of consultation time. It is not meant to be a restrictive measure, rather a useful tool for all members/

Time: One hour total.

First half-hour: 30 minutes for consultation without client present.

- 1) Identification of issues: Identify whether this is a regular 3-month staffing, or if there is a particular emergency or change in status warranting a meeting. Identify decisions or issues that need to be resolved in this staffing. i.e., change in visitation; change in probation conditions; probation violation; issues with children etc.
- 2) Briefing: Ask if anyone who may be new needs a short thumbnail of the case prior to proceeding.
- 3) P.A.: Brings team up to date on performance on probation, status of probation condition changes, home visits, perceptions of client, concerns, input on issues (defined in #1).
- 4) Therapist: Brief synopsis of client's treatment, what modalities client is involved in and attendance (group treatment - 1 per month follow-up; marital treatment, etc.) progress towards treatment goals outlined at the last IMT staffing or on mental health Treatment Plan, recommendations regarding identified issues (#1).
- 5) CSD caseworker: Up date on children, issues of visitation, clarification and the potential impact on the victim, victim treatment, acting out, input on issues identified in #1.
- 6) Decision making: Decide on issues identified at outset, develop service contract.
- 7) Presentation: Develop strategy on who will address particular issues.

Second half-hour: 30 minutes for consultation with client present.

Client Staffing: Implement strategy, allow client to review progress in their own words, review contract/expectations, discuss issues/decisions/recommendations. Distribute copies of IMT contract.

## **APPENDIX R**

### **CRITERIA FOR COMPLETION OF SHEBOYGAN COUNTY INTERAGENCY SEX ABUSE TREATMENT PROGRAM**

The following criteria are for use with all child sexual abuse offenders. These goals remain in effect throughout the course of probation:

#### **I. DEVIANT BEHAVIOR**

- A. You don't offend again.
- B. You show you understand the cycle of your behavior and your deviant thinking.
- C. You know how to keep out of risk situations for the rest of your life.
- D. You will make your family and close associates aware of your cycle. This includes all supervisors of contacts with children.
- E. You will fully disclose your sexual history and your sexually abusive behavior so that an open and honest relationship is established with your therapist. This will be possible through the use of polygraph exams.

#### **II. THINKING ERRORS**

- A. You take all the responsibility for your behavior and feelings. You change yourself, if that's what's needed.
- B. You can identify your problems. You know how to ask for help.
- C. You show you understand the ways you think and behave that help you justify irresponsible and hurtful behavior toward others.
- D. You accept the input of those around you with regard to your cycle and behavior.

#### **III. INTERPERSONAL/FAMILY DYNAMICS**

- A. You show you know other people have feelings and needs. You know how to respond to them.
- B. You don't control others, directly or indirectly.
- C. You will accept your family's need to change and grow.
- D. You show you can live on your own and take care of yourself.
- E. You use your friends and activities in an appropriate manner to meet personal needs.
- F. You learn to deal with your anger appropriately.

#### **IV. VICTIM**

- A. For abuse within the family and with other relatives, you and your spouse have to help the child get over the effects of incest. Individual, group or family treatment may be needed.
- B. For abuse outside the family, you pay for the victim's treatment as necessary and complete clarification as appropriate for the victim.

#### **V. RESPONSIBILITIES TO THE PROGRAM**

- A. You have to agree to come to all the treatment sessions. You have to participate and show you are making progress. You have to show you're using the counseling to improve yourself.
- B. You have to attend and participate in Parents United on a weekly basis.
- C. You have to do what people in the program tell you (probation agent, caseworker, therapist). You have to keep all your appointments. You need to follow through with directions given regarding your treatment plan and protecting the well-being of yourself and others.
- D. You have to obey all court orders and probation directives.

## **VI. REUNIFICATION**

Additional criteria for families wanting to be reunited:

1. We will decide whether or not your family is ready to reunite based on everyone's participation and progress in treatment and support groups.
2. You must show you really want to reunite your family.
3. You must complete clarification.
4. You are ultimately responsible to leave when necessary and avoid risks. You will help your family recognize your risk situations by having a written list of potential risks and having a family plan to bring up issues of discomfort that arise.
5. There must first be successful supervised visitation.
6. Your spouse must make a commitment to remain involved through all phases of the treatment program, including attendance at Incest Management Team and regular attendance at Parents United.

**You have to keep up full participation  
in every part of the program.**

## APPENDIX S

### PSYCHOSEXUAL ASSESSMENT

An integral part of the presentence investigation shall be a psychosexual assessment of the offender. Generally the assessment shall include a clinical interview, a personality test, a battery of pencil-and-paper inventories and the penile plethysmograph.

The assessment reports are to be thorough and objective. Collateral information is to be included whenever possible. Information designated "discretionary" is to be included as often as is feasible. When information is not available, it to be noted.

1. Review of relevant police reports. [Mandatory]
2. The victim's statement of the offense(s). [Mandatory]
3. The statements or evaluations of those who are close to and/or assisting the victim, i.e., family, counselor, teacher, etc. [Discretionary]
4. The offender's statement of the offense(s). [Mandatory]
5. A standard intelligence test. [Mandatory]
6. Minnesota Multiphasic Personality Inventory. [Mandatory]
7. Clinical interview including, but not limited to, the offender's social history, sexual history. [Mandatory]
8. Interview with spouse or significant other. [Discretionary]
9. Review of past evaluations(s) and treatment history. [Mandatory]
10. Paper-and-pencil inventories; select as appropriate: [Discretionary]
  - a. Abel and Becker Cognitions Scale
  - b. Buss-Durke Hostility Inventory
  - c. Fear of Negative Evaluation Scale
  - d. Nowicki-Strickland Internal/External Control Scale
  - e. Social Avoidance and Distress Scale
  - f. Spielberger State-Trait Anger Scale
  - g. Interpersonal Reactivity Scale
  - h. Michigan Alcoholism Screening Test
  - i. Crowne-Marlowe Scale of Social Desirability



- j. Lawson Social Self-esteem Scale
  - k. Novaco Anger Scale
  - l. Rosenberg Self-esteem Inventory
11. Psychosexual Assessment Battery: [Mandatory]
- a. Attitudes Toward Women
  - b. Abel and Becker Card Sort of Sexual Fantasies
  - c. Burt Rape Myth Acceptance Scale
  - d. Multiphasic Sex Inventory
  - e. Wilson Sex Fantasy Questionnaire
  - f. DeRogatis Sexual Functioning Inventory
  - g. Measure of Male Inadequacy
  - h. Sex Anxiety Inventory
  - i. Survey of Heterosexual Interaction
12. Penile Plethysmograph. [Mandatory]
13. Evaluation of offense (pattern) including the amount of violence, amount of risk taken, whether the offense appears predatory, explosive or opportunistic and the use of disinhibitors. [Mandatory]
14. Situational considerations, including: [Mandatory]
- a. Access to victim.
  - b. How much is at stake.
  - c. The legal hold over the offender.
  - d. The number of anchor points and natural monitors in the offender's life.
  - e. The social and sexual outlets available to the offender.
  - f. The attitudes of people around the offender.
15. Impression and prognosis. [Mandatory]
16. Recommendations. [Mandatory]
- a. Appropriateness for out-patient treatment.

- b. Assessment of risk to the community.
- c. Statement of treatment needs and planned treatment modalities.
- d. Planned monitoring techniques.
- e. Planned restrictions on offender behavior.
- f. Required conditions of treatment.

## APPENDIX T

### TREATMENT FORMAT

#### TREATMENT MODALITIES - OFFENDER

1. Individual Treatment: Most frequently focuses on modification of deviant arousal patterns through various behavioral methods, typically some version of aversive conditioning. Aversive conditioning has been shown in the research literature as effective in decreasing inappropriate arousal patterns. Given the risk of impulsive acting out of the offender in the community, aversive treatment is usually one of the initial components of the treatment plan. The literature suggests that all persons who have eroticized sexual contact with children require aversive conditioning, both to diminish sexual arousal and the emotional high produced from deviant sexual behavior. Behavioral interventions may last anywhere from ten weeks to several months with periodic booster sessions and follow-up over a year or more. Aversive conditioning techniques are only the beginning of arousal control; if they are not maintained throughout the person's life, arousal will return. Any stimulus control can be quickly eradicated through deviant fantasy or frequent contact with stimulating persons.

2. Covert Conditioning: An imaginal or fantasy procedure in which the offender achieves a relaxed

state and recreates the offending behavior in fantasy. However, fantasized consequences are aversive, such as arrest, picture in the paper, family reaction, loss of job. Positive scenes involving appropriate sexuality are reinforced imaginably. The client does this procedure at home to strengthen with repetition.

3. Minimal Arousal Conditioning: Descriptions of the clients deviant behavior are used to identify early arousal. These are then paired with a noxious odor (ammonia). Through daily practice, the client learns he can control his arousal effectively. The plethysmograph is used to accurately identify early arousal states and determine if control has occurred.

4. Assisted Covert Sensitization: Noxious odors (ammonia) are presented/paired with deviant imagery or visual stimuli to decrease deviant arousal pattern and reinforce appropriate arousal. The plethysmograph can be utilized in conjunction with these pairings as a biofeedback measure to assess, increase or decrease arousal as appropriate.

5. Masturbatory Satiation: The client masturbates to an appropriate sexual fantasy until ejaculation. Often this includes verbalizing the fantasy in a tape recording during masturbation. Following this initial 10 to 15 minutes, the client is instructed to continue masturbating for the remaining

45 minutes to verbalized deviant fantasies. The aversiveness of continuing stimulation while in the refractory phase of arousal decreases deviant arousal while appropriate arousal is reinforced.

6. Appropriate Arousal Enhancement: Various behavioral techniques such as use of imagery or couple sexual dysfunction counseling with the non-offending spouse are employed to develop more healthy sexual patterns.

7. Thought Stopping: A cognitive procedure typically practiced in individual sessions and employed by the client at home to immediately discontinue inappropriate fantasies that may occur in daily activity; this technique should be employed throughout the offender's life.

8. Group Treatment: May be initiated concurrently or subsequent to individual treatment. Group treatment offers a powerful modality for impacting and confronting the resistant thinking patterns (denial, minimization, rationalization) associated with the personality structure of the sexual offender. Additionally, the group setting offers an arena for re-learning more appropriate patterns of interacting with others or even basic social skills which are lacking in the inadequate client. If found appropriate, clients may participate in group treatment

for 12 to 24 months, including follow-up sessions on a less frequent basis. Topics usually covered in a group format include awareness of the arousal cycle and offense pattern, confrontation of thinking errors, sexual education, social skills and stress management, victim personalization, and awareness of individual risk situations and how to manage them. Hopefully, the group treatment will provide an adequate preparation for the offender to clarify with the victim. Understanding his cycle, taking responsibility, developing empathy and having the capacity to communicate this to the victim in a positive manner are evaluated as part of the offender's clarification readiness.

9. Adjunctive Treatment: For the offender client, this may include individual therapy focused on mental illness issues, skills groups, or alcohol/drug treatment as seen as necessary components of the overall treatment plan.

#### THE FAMILY'S TREATMENT

Unlike traditional family systems approaches (which treat the family as a unit from the outset of therapy), interventions in the family system may begin with individual members, then dyads, and ultimately the family is seen as a whole unit. This backwards recombination approach is necessitated because of the

resistent dynamics of the offender's power and control, and the inability of the offender at the start of treatment to be ready to deal with the victim in an appropriate way. Some offenders may take many months until they can fully admit to the offense.

Additionally, the spouse in an incest situation is seen in a key role in the family now, needing to be able to believe her child and protect her children by resisting the dominance of the offender.

Shortly after discovery, the victim may be placed in a victim's group for support and assistance in dealing with the sexual trauma and the conflicts resulting from the separation of the family after discovery (Appendix H). Group goals generally include development of trust in a group atmosphere of support and acceptance of the victim; rebuilding of self-esteem and autonomy; understanding the sexual abuse, including offender behavior and non-offending spouse dynamics; and dealing with feelings of guilt, anxiety, anger, and pleasure in relationship to the offender and other family members. The child learns to develop internal and external resources to deal with the continuing memories of the abuse as well as help in the event of future victimization. Preparation for clarification with the offender may be a therapy goal for the victim.

Individual treatment for the victim, siblings, and spouse is often necessary. Group treatment for the spouse is an additional resource for the family unit. Mothers receive peer support from other group members and receive education about the offender and the abuse pattern. Group goals include understanding the impact of the abuse on the child(ren); gaining assertiveness skills and independence to provide adequate protection for children; learning to communicate about the abuse in a non-judgmental manner; dealing with inherent mother-child conflicts exacerbated by the abuse situation and removal of the offender from the house; learning about the offender behavior and risk situations; and resolution of the guilt and anger the mother has towards herself, the offender and the victim (Appendix I). Mothers who themselves have been molested can also benefit by participation in an Adults Molested as Children (AMAC) group.

The clarification process is defined as the verbal or written communication between the offender and the victimized child(ren) in which all enticement, responsibility, and blame for the sexual behavior/incestuous relationship is owned by the offender. The offender must be ready (as judged by himself, the Interagency Management Team, the therapists and case managers) to sincerely apologize to



the child without instilling further guilt or anxiety onto the victim. He must be able to explain his responsibility and reassure the victim of this being the truth. Ultimately, readiness for the clarification process, however, rests with the child's ability to deal with the offender. In cases of severe emotional disturbance or unwillingness on the child's part, the clarification process will not occur even though the offender may be able to take responsibility in a healthy way. This process usually begins with the offender writing a clarification letter to the victim(s) which has been approved by all therapists and case managers. The letter is reviewed by the child with his/her therapist.

Clarification meetings would then be arranged as appropriate. The offender and his therapist meet with the victim and his/her therapist or caseworker. The spouse may be present in the first session(s) to help alleviate historic triangulation -- leaving mother out of the incestuous dynamic. It is also important for the non-offending spouse to hear the offender take full responsibility directly for the contact. In some cases the mother-child relationship or the husband-wife relationship is so impaired that the spouse's presence in the first clarification session may inhibit the process. In that circumstance, the spouse joins future

sessions. The process may take a number of sessions and can/should progressively include all family members. The spouse may also verbally accept responsibility for any shortcomings in her relationship with her child or the offender that may have inadvertently been supportive of the faulty family dynamics that permitted the incest to occur or continue. Within the clarification process the child is allowed to explore and express his/her feelings toward the offender and the non-offending spouse. This process is essential to the resolution of the trauma to the child, the advancement of the offender's treatment, and as appropriate, the beginning of visitation between the offender and victim. Clarification may be seen as an end in itself. In some situations where there will be no reunification, or where the victim is not ready or does not wish to visit with the offender, or where it is unhealthy for the offender's long-term treatment goals to maintain contact with the victim(s), visitation does not follow clarification as a continuing process.

As the family proceeds through clarification and beginning visitation, all of the family members, including non-victimized children, may be seen as a unit. Major goals at this stage are to redefine the family system to allow the development of an individual

identity for each member and to facilitate development of the necessary ego boundaries which promote autonomous functioning within the family unit instead of diffuse and symbiotic relationships among members which characterized the abusive system. A main goal for this stage is to redefine the individual family members' roles to more independent, less symbiotic positions. It is especially important for the victim to gain a sense of individual identity apart from the other family members. It is a given fact that these families will seek to re-establish old patterns and resist therapeutic interventions aimed at creating more equal power relationships.

As the family begins visitation, family therapy is a valuable forum in which restructuring of the family can be tackled in incremental steps. Dealing with trust issues, awareness of risk factors by all family members, and issues brought up by increased visitation are dealt with in the family system. Parenting skills, appropriate nurturing, and assertiveness are typically addressed.

If visitation is dealt with effectively, reunification of the family becomes the final stage in the reconstruction of the family unit as a whole. Adjustment following reunification and maintenance of previously learned behaviors will provide considerable

material for family therapy in solidifying a healthy family unit. Typically, a honeymoon period of three to six months often follows reunification. Old patterns of behavior may return, including deviant arousal and inhibited family communication. This is common and should be addressed within the treatment formats in place.

Focusing on the marital dyad, communication, sexual enhancement, and issues specific to the couple and their styles of parenting, helps reduce risks of future abuse. Marital treatment may also be used to decrease the manipulative behavior of the offender and get the spouse to recognize these power patterns in the relationship. Marital therapy typically is done after arousal work has been completed.

## APPENDIX U

### PUBLICITY

Sheboygan Press, 12/15/88

# County setting up special program for sex offenders

By JOHN RONDY  
Press Staff Writer

A specialized treatment program for Sheboygan County sexual offenders that would use some of the latest approaches in the field is in the planning stages here, and could be in operation by July 1, law enforcement officials say.

If adopted, the Sheboygan County Interagency Sex Abuse Treatment Program could be used as a model for the rest of the state to follow, says Circuit Judge Daniel Anderson, who is involved in the effort.

The proposal for the program borrows heavily from one already in place in Washington County, Oregon, where the recidivism rate is 70 percent for sexual offenders who did not receive treatment compared to 30 percent for those who were treated, Anderson said.

"What this means, ultimately, is that you are protecting the community," said Anderson, pointing to current statistics that indicate that 25 percent of all girls and boys in the community will be sexually molested at some point in their childhood.

"There are 25,000 kids in Sheboygan County, and I think we have a duty to try and protect them," Anderson said. "What we are trying to do is break into the cycle of sexual abuse and protect the potential victims out there."

The program would combine the efforts of social service agencies, law enforcement and the courts to discourage someone convicted of a sexual offense from reoffending, Anderson said. The team approach would include: a therapist assigned to treat the offender; a therapist for a child victim of sexual abuse or the offender's family; a probation agent; and a social worker to provide services to both the offender and his family.

The team would huddle on a monthly basis to discuss what they have learned, then work out a therapy plan for the next month, Anderson said.

The principle form of treatment

Turn to SEX/Page 2

## Special focus on child molesters

By JOHN RONDY  
Press Staff Writer

A proposed program to treat sexual offenders in Sheboygan County will be geared, in large measure, to adults who sexually molest children, says Circuit Judge Daniel Anderson.

The problem of child sexual molestation is widespread according to a Los Angeles Times survey which is widely recognized by mental health professionals, Anderson said.

The survey revealed that 23 percent of all females and 16 percent of all males have been the victim of some type of sexual assault. Further, 10 percent of all males interviewed for the survey admitted to having sexually molested a child. Of the 89 studied, each offender admitted to molesting an average of 7 1/2 victims.

However, child abuse experts estimate that a typical offender may have molested as many as 75 children by the time he has been convicted, Anderson said.

The Sheboygan County Interagency Sex Abuse Treatment Program will model itself after a program in Washington County, Oregon, where the incidence of repeat offenders has dropped from 70 to 30 percent since the program was instituted.

A key facet of the program here will be the use of behavior modification, a concept pioneered by psychologist B.F. Skinner. While some may find the modes of treatment objectionable, the bottom line is that it works, Anderson said.

"The program may sound intrusive and off-the-wall, but the results are very valid," Anderson said.

One aspect of the treatment is a form of assessment that

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## □ Sex

Continued from Page 1  
is group therapy, where offenders confront each other. Group members who have been in therapy the longest tend to respond vociferously to new members, because they remember using the same excuses or rationale in an attempt to justify their behavior, Anderson said.

The thrust of the program is to modify behavior, and then to teach convicted sex offenders to look for the warning signs that they may be in danger of reoffending.

One of the critical elements of the program is a psychosexual assessment prior to treatment, where a person just convicted of a sex crime is issued a battery of tests, both written and oral, to determine what sexually stimulates them, said Wolfgang Schrauth, a probation and parole officer with the Bureau of Community Corrections.

Once the assessment is made, therapists can zero in on how the person should be treated, Schrauth said.

That generally involves determining the thought processes or fantasies which lead to the person's inappropriate arousal pattern, then confronting the person and correcting their erroneous attitudes and

ideas with a goal of developing appropriate and responsible behavior, Schrauth said.

This may be done through group or individual counseling, although group therapy has been found to be more effective, Anderson said.

"For this type of offender, conventional one-on-one psychotherapy just doesn't work," Anderson said. "What this means is that the offender feels good about himself when he goes out and assaults his next victim."

Marital counseling is suggested at some time during the course of the treatment for married offenders, while family counseling may be necessary if the offender will be returning to a living situation with the victim or other children. Self-esteem counseling, sex education and drug and alcohol counseling will also be offered, said Anderson, as sexual offenders tend to have low opinions of themselves, know little about sex and the consequences of their acts, and, in many cases, suffer from drug or alcohol abuse.

The minimum treatment period would be two years. To participate in the program, a sexual offender must waive all confidentiality and allow a therapist to share informa-

## □ Molest

Continued from Page 1  
uses a sensitive device to measure an offender's response to sexual stimuli.

This is done by placing him in a booth and showing various types of pornography from explicit adult heterosexual scenes to young boys modeling underwear in a Sears catalog. The subject is also asked a number of explicit questions pertaining to sexual scenes.

Once a therapist determines what arouses a sexual offender, he is then better able to embark on a course of treatment, Anderson said.

A number of aversion techniques can be employed during therapy, such as introducing a noxious odor like ammonia while the subject is being exposed to deviant imagery or visual stimuli. This is done to discourage the deviant arousal pattern, Anderson said.

While there are intrusive aspects to the program, Anderson pointed to a treatment program in Seattle, Wash. which is even more intrusive, but still effective. In the program, the sexual offender re-

enacts the assault on a mannequin and verbalizes what he was feeling at the time. The scene is videotaped and replayed to the offender, and to his wife if he is married.

One man who saw himself on videotape, Anderson said, became so upset that he stood up in shock and ran out of the building, running down the street as fast as he could for several miles. The man told therapists that he never realized the magnitude of his actions until that moment, Anderson said.

The impetus for the Sheboygan pilot program emerged from a five-day trip to a seminar attended by Sheboygan County officials in Longmont, Colo. The four who attended the "Systems Approach to Sex Offender Management" program included Anderson, Bureau of Community Corrections probation and parole agent Wolfgang Schrauth, Deputy District Atty. Bob Wells, and Lee Wick, the Coordinator for Mental Health Services of the Sheboygan County Unified Board.

# THE MILWAUKEE JOURNAL

Monday, December 19, 1953

## Sex offender program backed in Sheboygan

Sheboygan, Wis. —AP— Sheboygan County officials are thinking about starting a program next summer that would employ some of the latest therapy techniques to rehabilitate sex offenders.

The proposed program, modeled on one already implemented in Oregon, would be geared mostly to adults who sexually assault children, Circuit Judge Daniel Anderson says.

"There are 25,000 kids in Sheboygan County, and I think we have a duty to try and protect them," Anderson said. "What we are trying to do is break into the cycle of sexual abuse and protect the potential victims out there."

The model program, in Washington County, Oregon, has reduced the incidence of repeat offenders from 70% to 30%, Anderson said.

The program would coordinate the efforts of social service agencies, law enforcement agencies and the courts, Anderson said.

Therapy would be coordinated by a team including a therapist for the

offender, a therapist for the victim, a probation officer and a social worker. The principal form of treatment would be group therapy.

The focus of the program, Anderson said, would be to modify behavior and then teach offenders to recognize warning signs that indicate a tendency toward committing such crimes again.

One of the key steps in the process, Anderson said, is a psychosexual examination conducted before the offender is allowed to enter group therapy.

The examination consists of several written, oral and sensory tests. One of the newer tests uses a device that measures an offender's responses to stimuli, such as pictures ranging from adult heterosexual acts to young boys modeling underwear in a store catalog.

Once a therapist determines what arouses a sexual offender, he is better able to determine the course of treatment, Anderson said.

## The big secret: Child sex abuse cases soar in Sh

By JOHN RONDY  
Press Staff Writer

Sheboygan County has a secret that you may not want to hear.

According to the Wisconsin Department of Health and Social Services, the county ranks near the top, per capita, among counties in the state in substantiated cases involving child sexual abuse.

And, the problem appears to be getting worse, if the figures provided by the Sheboygan County Department of Social Services are any indication.

The number of child abuse cases skyrocketed from 80 in 1983 to 805

in 1987. While these figures include all forms of child abuse — including physical, emotional, social and neglect — the number of sex abuse cases involving children has risen from an estimated 5 percent of the total in 1983 to 25 percent in 1987, said Bill Kastner, supervisor of the intake unit for the County Department of Social Services.

"We have our hands full down here," said Kastner, whose agency is generally the first to be notified of a case involving child abuse. "Without a lot of extra staff, we're swamped down here. From the numbers, I'd say that we have one hell of a lot of sexual abuse going on

in this county."

Kastner attributed a share of the increase in reporting to heightened awareness of child abuse, but added that he feels sexual abuse appears to be on the increase.

While no actual child sexual abuse figures were available, a comparison of funds allocated through a new \$750,000 state grant program reveals that Sheboygan County's allocation ranked sixth at \$38,000 for 1988. Dane County, meanwhile, received just \$45,000 in grant money for 1988 despite having a population over 200

Turn to ABUSE/Page 2

## Tragedy costly to entire family

Sexual abuse causes immense disruption within a family when it first occurs and later as it surfaces in

competitive with her mother.

Sarah told her minister of the abuse and he told authorities. The authorities later arrested her father

Number of reports of child sexual abuse in Sheboygan County,

The figures represent all reports of child sexual abuse, including neglect, physical and emotional abuse

900 -  
800 -  
700 -  
600 -  
500 -  
400 -  
300 -  
200 -



## □ Abuse

Continued from Page 1

percent greater than Sheboygan County.

Circuit Judge Daniel Anderson, who is involved in setting up a pilot treatment program for sexual offenders here, says that the majority of child sexual abuse cases involve incest.

"It's a very closed, conservative community, so there is increased reliance on the family for entertainment," Anderson said, echoing the feelings of Vincent A. Graser, the director of a treatment program for family sexual abusers at Lakeside Clinic in Sheboygan.

One of the basic tenets of child sex abuse is close family contact, Graser says. And, since 89 percent of the county's residents were born and raised here, there is extremely close family contact, and more reliance on the family for many activities, Graser says.

The close contact allows what experts on incest call the "grooming" process to take place. This involves an adult playing with a child, and going to picnics and other activities, in the process building a relationship with the

child before the abuse takes place, Graser says.

The familiarity allows the incestuous act, or acts to take place. And frequently, the child is too scared or confused to say anything to someone else since he or she has built up trust in that person, Graser says.

"It's always a big secret, and it's kept a secret," says Graser, whose clinic has treated more than 50 families where sexual abuse occurred since the grant program was started over a year ago. "The typical incest offender is one you would never suspect. He's often a great father and family man, who plays with his children and baby-sits."

Incest is very damaging, Graser says, because the victims tend to feel a great degree of guilt, so the impact on them is that much greater. And, it makes it that much more difficult to report, he says.

And, when the victim does decide to come forward, Graser says that typically an overnight crisis results, which can, and does, turn a family upside down. Sometimes, the father is led away from work by authorities in handcuffs. Then, while he spends three months in

jail (which is the average stay for a first offender), the mother of a family is left to fend for herself and to pick up the pieces, he says.

In many cases, a mother will at first refuse to believe that her husband is capable of such an act and reject her child for lying, Graser says. On the other hand, the sexually abused child is left to wonder what she did to deserve the sexual abuse, and the subsequent rejection or resentment from her family members for causing so much turmoil.

In the majority of incest cases here, a father has molested his daughter, generally for a period of two years, Graser says. Only 5 percent of the known victims in the county are boys, he says.

Some females who are abused become sexually unresponsive as they grow older, Graser says, while adolescent girls can sometimes ex-

hibit a high degree of promiscuity following an incidence of sexual abuse. Sexually abused children frequently develop sleep disorders, and some may go on to suffer from anorexia, he says.

But, once the abuse has been brought to light, it is essential that the abuser make a full disclosure of guilt if he is to have any hope of recovery, Graser says.

"We try and break the secret within the family," says Patti Brinkman, a counselor at the clinic. "People like coming here because everyone is in the same boat. They can share their feelings without fear of reproach. If you were to tell someone outside of this setting that you have been sexually abused, they might look at you like you have some kind of disease."

The typical sexual abuser may have a hard time admitting to his

acts, as he is accustomed to. Graser says. Usually, counseling with other abusers is driven down, it will be revealed that the abuser himself.

Graser says involved for a saying is, "This to stop the cycle." And, the known relatives and abuser's wife are not the proper adds.

"Things tend to first, but our positive change through treatment the vast majority with 50 families to go to pieces

## □ Tragedy

Continued from Page 1

Left in the unfamiliar position of disciplining all six children, the man's wife floundered in his absence, as he was prohibited from having any contact with them. The marriage suffered and she talked of divorce. Later, when it became apparent that their family would hold together, both would lament the tragedy that had cost every family member so much.

After six months of sitting in jail and, gradually, losing self-esteem,

cried when he made a request for her forgiveness and promised not to repeat the act. In a subsequent meeting with his son, the boy wept as his father apologized for not being able to fish with him as they had done before his jail confinement.

The father later confided during a therapy session that he was sexually abused as a child. An older brother had forced him to commit acts, which he suppressed as too shameful to be revealed.

Presently, the turned home, a meet for marriage. Graser in addition meeting he att with social work as part of an abuse treatment go into group so

"Through treatment, demonstrated committed the abuser to no

## Child sex abuse figures a shocking revelation

The breakup of families has often been cited as one of the leading factors in many of society's ills, but now comes news that the closeness of families may be dangerous too.

The report that there has been a tenfold increase in just four years in the number of reported cases of child abuse to children in Sheboygan County is deplorable.

There were just 80 reported child abuse cases in 1983 in Sheboygan County. The number skyrocketed to 805 in 1987. Sexual abuse of children accounted for about 5 percent of the total in 1983 and 25 percent in 1987. A majority of those cases involved incest, according to local officials.

The numbers take on more meaning when you learn that Sheboygan County ranks near the top in the state, per capita, in child sex abuse cases. While part of the increase may be due to more awareness and better reporting techniques, social workers and counselors suspect there is more actual abuse of children today than there was four years ago.

We can easily guess some of the reasons.

For advertising and entertainment, nothing sells like sex. Prime time television leaves little to the imagination nowadays. For even racier fare, we have cable television. For those without cable, the video stores aren't far away.

We have more access today to sexual images and innuendoes than ever before. What is really disturbing is that so many of

those sexual images are portrayed by children. Sensuality gets an earlier start every year, it seems.

Sheboygan County officials can cite three cases of sexual abuse involving teen-age boys who were babysitting. In two of the cases, the boys were watching a sexually oriented show on cable television before the incident, and in the third case, the boy had been reading 'Penthouse' magazine.

But there's more to the problem than just sleaze and pornography. Granted, those are the excesses of freedom of expression. But like it or not, we probably won't see fewer sexual images in the mass media.

The problem of incest isn't an easy one to deal with. It's nearly impossible to single out an "at-risk" group for an early intervention program because the abusers are so often the ones who would be the least likely suspects. They are the good fathers and providers. They "groom" their victims in preparation — often their own children — over a period of time, and afterward the victims are usually too ashamed to report it.

It's not one of those social problems that can be solved by simply throwing money at it. But it is time to recognize that we have an ugly problem and that we must deal with it. That can be done, through stiffer sentences for violators and a continuation of programs that educate children on what they should do if they are being abused.

## Opinion 2

# Treatment, not prison, needed to attack child sexual

By JUDGE DANIEL P. ANDERSON  
Circuit Judge

"Sheboygan County has a secret that you may not to hear." (The Sheboygan Press, Feb. 5, 1989.)

In the past several months, The Sheboygan Press has put on the front page a subject we would never even discuss in the privacy of our living rooms. We have learned from the victims of child sexual abuse. We have learned that overall, sexual assaults are increasing, and we have learned that in five years child sexual abuse has increased from five cases to over 200 cases.

In reading these frank and scary



new criminal laws or by stiffer penalties for sex offenders. That has been tried and the continuing increase in reported cases easily proves that the threat of prison is not a deterrent.

If getting tough is not the solution we have to ask ourselves: What can be done about this epidemic of child sexual abuse?

We cannot hide the problem anymore. We have to be willing to discuss it in our living rooms and our corporate board rooms, in the coffee shop and the union shop. We have to educate ourselves and our children.

Those individuals who are involved in the apprehension, prose-

discharged from probation we don't wonder if he will offend again, we wonder only how soon.

The Sheboygan County Interagency Sexual Abuse Treatment Program is an alternative to prison or probation. The program confronts the offender and supports the victim and the family.

After the offender admits the crime, he or she is confronted and a long process of behavior modification begins that will last more than two years. The offender will learn to recognize his or her deviant thought patterns. The offender will learn how to identify the warning signs that he is about to sexually abuse another child. Most

volunteers to support and a Parent United support the families. The will also include cooperation between the mental professional in Sheboygan ensure that all the services are used.

The program is more ment. It will provide for the early stages of the will protect the victim from the offender until prepared for reconciliation. The goal of the program is healthy family that has been caused by incest.

Does the program final results are not

APPENDIX V  
PROPOSED TWO-YEAR BUDGET

CAPITAL BUDGET

Equipment	First Year	Second Year
Desk	\$ 400.00	\$ 400.00
Secretarial desk	300.00	
Desk chairs	350.00	200.00
Chair mats	100.00	50.00
Side chairs	240.00	120.00
4-drawer lateral file	450.00	
Photocopier	1,750.00	
Electric typewriter	400.00	
IBM-PC AT compatible(1)	3,435.00	
Laser printer(2)	2,654.00	
Software (3)	1,000.00	
Penile Plethysmograph	5,000.00	
Total	\$16,079.00	\$ 770.00

Notes:

1. Components include: IBM-PC AT compatible with 1.5Mb RAM; 20Mb hard disk; EGA monitor; DOS version 3.3; anti-static keyboard strip; and, and surge proctector.

2. Components include: HP LaserJet Series II Printer; 2Mb memory upgrade; 9' printer cable; font cartridge; and additional toner cartridge.

3. Applications programs by process: wordprocessing; data base management; spreadsheet; shell program; graphics presentation; and back-up.

## OPERATING BUDGET

Item	First Year	Second Year
Travel		
Mileage	\$ 300.00	\$ 425.00
Meals	200.00	350.00
Lodging	400.00	600.00
Office Supplies	1,500.00	1,750.00
Postage	400.00	600.00
Printing and duplicating	750.00	1,000.00
Subscriptions/memberships	300.00	450.00
Telephone	1,000.00	1,500.00
Repairs and maintenance	275.00	275.00
Library material	350.00	500.00
Reimbursement of Assessment/		
Treatment Services	50,000.00	75,000.00
Total	\$55,400.00	\$82,500.00

## SALARY AND FRINGE BENEFITS BUDGET

Position	First Year	Second Year
Project Coordinator		
Salary	\$36,000.00	\$ 37,440.00
Fringe Benefits	12,600.00	13,104.00
Social Worker/Case Manager		
Salary		21,781.50
Fringe Benefits		7,623.53
Secretary		
Salary	13,969.12	14,926.08
Fringe Benefits	4,889.19	5,224.13
Total	\$67,458.31	\$100,099.24

## APPENDIX W

### COST ANALYSIS - OFFENDER IMPRISONED

Source	Cost	Total Cost
CPS Investigation	200	200
Child in CPS Custody	3,300-36,000/yr	6,600-72,000
Police Investigator	580	580
Emergency Room & Doctor	275	275
Defense Investigator	500	500
Evaluation of Victim	350-600	350-600
Victim Treatment	2,500/yr	5,000
Presentence Investigation	250	250
Offender Psychosexual	650	650
Prosecuting Attorney	1,100	1,100
Public Defender	1,100	1,100
Circuit Court Judge	1,500	1,500
Offender Incarceration	20,103/yr	100,515
Welfare for Family	9,000/yr*	45,000
Parole Supervision	940/yr	1,880
Total Cost	\$165,500-	231,150
Offender Treatment (2 years)	5,500/yr	11,000
Total Cost Including Treatment	\$176,000	242,150
Release without treatment and reimprisonment	\$331,000-	462,300

\*Exclusive of medical assistance costs.

# APPENDIX X

## COST ANALYSIS - OFFENDER PLACED ON PROBATION

Source	Cost	Total Cost
CPS Investigation	200	200
Police Investigator	580	580
Emergency Room & Doctor	275	275
Defense Investigator	500	500
Evaluation of Victim	350-600	350-600
Victim Treatment	2,500/yr	5,000
Presentence Investigation	250	250
Offender Psychosexual	650	650
Prosecuting Attorney	1,100	1,100
Public Defender	1,100	1,100
Circuit Court Judge	1,500	1,500
Offender Independent Lvg.	6,000/yr	6,000
Probation Supervision (5 yr)	940/yr	4,700
Incarceration in County Jail		
1st year with Huber Law	10,000	10,000
Total Cost		\$32,205 - 32,455
Offender Treatment (2 yrs)	5,500/yr	11,000
Total Cost Including Treatment		\$43,205 - 43,455
Probation without treatment		
reoffense which results in		
imprisonment		\$197,705 - 263,605



## APPENDIX Y

### MATHEMATICAL COMPUTATIONS

1. Untreated sex offenders recidivate at 70%.  
91 untreated sex offenders = 64 who reoffend.
2. Treated sex offenders recidivate at 15%.  
91 treated sex offenders = 14 who reoffend.
3. Average cost of incarceration per offender without treatment = \$165,500 to \$231,150.
4. Average cost of probation per offender without treatment = \$32,330.
5. Cost of treatment per offender = \$11,000.  
91 offenders who receive treatment = \$1,001,000.
6. Average cost of probation and treatment = \$43,330.
7. Average cost of incarceration and treatment = \$209,325.
8. 91 offenders on probation without treatment plus recidivism (70%) costs.  $(91) 32,330 + (64) 198,325 = 15,634,838$ .  
91 offenders in prison without treatment plus recidivism (70%) costs.  $(91) 198,325 + (64) 198,325 = 30,740,375$ .

9. 91 offenders on probation with treatment plus  
recidivism (15%) costs.  $(91) \$43,330 + (14)$   
 $198,325 = 6,719,580.$

91 offenders incarcerated with treatment plus  
recidivism (15%) costs.  $(91) 209,325 + (14)$   
 $198,325 = 21,825,125.$

10. Savings attributable to treatment:

Probation w/out treatment & recidivism	15,634,838
Probation with treatment & recidivism	6,719,580
Savings	8,915,258
Prison w/out treatment & recidivism	30,740,375
Prison with treatment and recidivism	21,825,125
Savings	8,915,250

11. Break even point for recidivism of treated  
offenders is 65%.